

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000012754

1. Entity Name
ALICO NORTH 26 EF, LLC.



Principal Place of Business
**1840 WEST 49TH STREET
SUITE 410
HIALEAH, FL 33012**

Mailing Address
**1840 WEST 49TH STREET
SUITE 410
HIALEAH, FL 33012**



01152008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-7809106

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, DAVID H
1840 WEST 49TH STREET
SUITE 410
HIALEAH, FL 33012**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000828367
02/25/08-80010-001 555.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOLDBERG, DAVID H
STREET ADDRESS	1840 WEST 49TH STREET, SUITE 410
CITY-ST-ZIP	HIALEAH, FL 33012

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/28/08

Date

Daytime Phone #