2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L07000031227

Entity Name: ALICO LAKE VILLAGES LLC

Current Principal Place of Business:

12661 CHARTWELL DRIVE
FORT MYERS, FL 33912 US

New Principal Place of Business:

4301 VERONICA SHOEMAKER BLVD
FORT MYERS, FL 33916 US

Current Mailing Address:

12661 CHARTWELL DRIVE
FORT MYERS, FL 33912 US

New Mailing Address:

4301 VERONICA SHOEMAKER BLVD
FORT MYERS, FL 33916 US

FEI Number: 26-2471890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVER, KEITH M
5235 RAMSEY WAY, SUITE17
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: QUATTRONE, ALFRED J III
Address: 12661 CHARTWELL DRIVE
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM ( ) Delete
Name: QUATTRONE, LISA
Address: 12661 CHARTWELL DRIVE
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: QUATTRONE, ALFRED J III
Address: 4301 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

Title: MGRM (X) Change ( ) Addition
Name: QUATTRONE, LISA
Address: 4301 VERONICA SHOEMAKER BLVD
City-St-Zip: FORT MYERS, FL 33916

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA QUATTRONE MGRM 03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date