2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090390

Entity Name: ALICUD BUSINESS LLC

Current Principal Place of Business:	**New Principal Place of Business:**
53RD E STREET URBANIZACION MARBELLA MMG TOWER 16TH FLOOR PANAMA,	53RD E STREET URBANIZACION MARBELLA MMG TOWER 16TH FLOOR PANAMA, NA PANAMA OC

Current Mailing Address:	**New Mailing Address:**
53RD E STREET URBANIZACION MARBELLA MMG TOWER 16TH FLOOR PANAMA,	53RD E STREET URBANIZACION MARBELLA MMG TOWER 16TH FLOOR PANAMA, NA PANAMA OC

FEI Number: FEI Number Applied For ( )   FEI Number Not Applicable (X)   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
CORPORATE CREATIONS NETWORK INC 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 US	

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: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	DAVIS, LUIS	Name:	
Address:	53RD E STREET URBANIZACION MARBELLA	Address:	
City-St-Zip:	PANAMA,	City-St-Zip:	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	HALL, PAMELA D	Name:	
Address:	53RD E STREET URBANIZACION MARBELLA	Address:	
City-St-Zip:	PANAMA,	City-St-Zip:	

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: LUIS A. DAVIS   MGR   03/23/2009
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date