

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

2972

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT #L99000006625

1. Entity Name
ALCOR, L.L.C.



Principal Place of Business
**9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

Mailing Address
**P.O. BOX 5299
TAMPA, FL 33675-5299**



03172006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3609986

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, TRACY J JR.
9625 WES KEARNEY WAY
RIVERVIEW, FL 33569**

**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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARRIS, TRACY J JR
STREET ADDRESS	701 INDIANA AVE.
CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	MGRM
NAME	KEARNEY, BING
STREET ADDRESS	911 SEDDON COVE WAY
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/06-80117-008 50.00

**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:

Tracy J. Harris, Jr.

TRACY J. HARRIS, JR 4/12/06

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

Date

Daytime Phone #