## **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Apr 27, 2007 8:00 am Secretary of State

DOCUMENT # L9900006625  1. Entity Name ALCOR, L.L.C.						04-27-2007 90036 023 ****50.00				
Principal Place 9625 WES KE RIVERVIEW, F	EARNEY WAY	Mailing Address P.O. BOX 5299 TAMPA, FL, 33675-5299				60042478				
2. Principal Place of Business - No P.O. Box #  5115 JOANNE KEARNEY BLVD.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.						03152007	Chg-LLC CR2	E083 (12/06)		
City & State		City & State				4. FEI Number Applied For				
Zip Country USA		Zip	Country				e of Status Desired	\$5.00 Add		
1 33017	6. Name and Address of Current	Registered Agent	1		1	7. Name an	d Address of New Registers	d Agent		
				Name						
HARRIS, TRACY J JR.				JAMES M. REED						
9625 WES KEARNEY WAY				Street A	ddress (P	P.O. Box Number is Not Acceptable) JOANNE KEARNEY BLVD.				
RIVERVIEW, FL 33569					115 0	OHILLE	CERTICULAR DEVICE			
			<b>,</b>							
				City TAMPA			F		Î9	
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or	r registere	d agent, or be	oth, in the State of Florida. I a	m familiar with,	and accept	
	ions of registered agent.	10 1					-//.	_		
SIGNATURE .	700	T / led					3/27/0	/		
U.G. W. COLLE	Signature, types or printed name of registered agent	t and title if applicable. (NOTE	E: Registered	Agent signatu	ure required v	vhen reinstating)	DAT	E		
Filing Fee is \$50.00 Due by May 1, 2007						Make check payable to Florida Department of State				
9.	MANAGING MEMBI	ERS/MANAGERS	10.				ADDITIONS/CHANG	iES		
TITLE	First Live			:		····		X Change	☐ Addition	
NAME	2 25000		NAME	E						
STREET ADDRESS	701 INDIANA AVE.		STREE	et address		5 JOANNE KEARNEY BLVD.				
CITY-ST-ZIP	PALM HARBOR, FL 34683		CITY-	-ST-ZIP	TAME	PA FL 3	3619			
TITLE	MGRM	☐ Delete	TITLE	:				Change	Addition	
NAME	KEARNEY, BING		NAME	E						
STREET ADDRESS	911 SEDDON COVE WAY			REET ADDRESS 511		5 JOAN	NE KEARNEY BLVI	) <b>.</b>		
CITY+ST-ZIP	TAMPA, FL 33602		CITY-	-ST-ZIP	TAM	MPA FL 33619				
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAM	E						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP	ļ					
TITLE		☐ Delete	TITLE		1			☐ Change	☐ Addition	
NAME			NAM							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP	ļ					
TITLE		☐ Delete	TITLE	Ξ	1			☐ Change	Addition	

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.

NAME

TITLE

NAME

Delete

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition