

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90048 028 ****50.00

DOCUMENT # M00000000195					
1. Entity Name ALCAT TAMPA, LLC					
Principal Place of Business C/O HENRI J. DESPLAINES, J.J. TAYLOR CO 11780 U.S. HWY #1, STE. 204 NORTH PALM BEACH, FL 33408			Mailing Address C/O HENRI J. DESPLAINES, J.J. TAYLOR CO 11780 U.S. HWY #1, STE. 204 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 655 North AlA		3. Mailing Address 655 North AlA			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 65-0990057	
Zip 33477		Country US		Applied For Not Applicable	
Zip 33477		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DESPLAINES, HENRI J C/O J.J. TAYLOR COMPANIES INC 11780 US HWY #1, STE. 204 GOLDEN BEAR PLZ NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 655 North AlA City Jupiter, FL Zip Code 33477		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, JOHN J III 11780 US HWY #1 SUITE 204 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	655 North AlA Jupiter, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESPLAINES, HENRI J 11780 US HWY #1 SUITE 204 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	655 North AlA Jupiter, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: _____			1/16/06		(561) 354-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #