


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M02000000096</b> 1. Entity Name <b>ALCO ENTERPRISES, L.L.C.</b>	
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Principal Place of Business <b>9935 NW 48TH DRIVE CORAL SPRINGS, FL 33076</b>	Mailing Address <b>9935 NW 48TH DRIVE CORAL SPRINGS, FL 33076</b>
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07232004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1153513</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>LECONTE, CHANTAL 9935 NW 48TH DRIVE CORAL SPRINGS, FL 33076</b>
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**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 rehashing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

**U00000169609  
08/09/04-80003-020 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LECONTE, CHANTAL 9935 NW 48TH DRIVE CORAL SPRINGS, FL 33076</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LECONTE, ADRIEN 9935 NW 48TH DRIVE CORAL SPRINGS, FL 33076</b>
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 609, Florida Statutes

**SIGNATURE:** \_\_\_\_\_

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

**ADRIEN LECONTE**

**8/6/04**

Date

**954-346-3742**

Daytime Phone #