

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000096

Entity Name: ALCO ENTERPRISES, L.L.C.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

6031 NW 66TH PLACE
PARKLAND, FL 33067

New Principal Place of Business:

93 DELANNOY AVE
802
COCOA, FL 32922

Current Mailing Address:

6031 NW 66TH PLACE
PARKLAND, FL 33067

New Mailing Address:

93 DELANNOY AVE
802
COCOA, FL 32922

FEI Number: 65-1153513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECONTE, CHANTAL
6031 NW 66TH PLACE
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

LECONTE, CHANTAL
93 DELANNOY AVE
802
COCOA, FL 32922 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:

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LECONTE, CHANTAL
Address: 6031 NW 66TH PLACE
City-St-Zip: PARKLAND, FL 33067

Title: MGRM () Delete
Name: LECONTE, ADRIEN
Address: 6031 NW 66TH PLACE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LECONTE, CHANTAL
Address: 93 DELANNOY AVE # 802
City-St-Zip: COCOA, FL 32922

Title: MGRM (X) Change () Addition
Name: LECONTE, ADRIEN
Address: 8337 VIA SERENA
City-St-Zip: BOCA RATON, FL 33433

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: ADRIEN LECONTE

MGRM

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date