

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90230 049 ****50.00

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02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number **04-3785975** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # M04000000802

1. Entity Name
ALCAT FT. MYERS, LLC



Principal Place of Business
**11780 U.S. HIGHWAY 1, SUITE 204
C/O J.J. TAYLOR COMPANIES, INC.
NORTH PALM BEACH, FL 33408**

Mailing Address
**11780 U.S. HIGHWAY 1, SUITE 204
C/O J.J. TAYLOR COMPANIES, INC.
NORTH PALM BEACH, FL 33408**

2. Principal Place of Business
655 North AlA

3. Mailing Address
655 North AlA

Suite, Apt. #, etc.

City & State
Jupiter, FL

Zip Country
33477 US

6. Name and Address of Current Registered Agent

**C.T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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	MGR DESPLAINES, HENRI J 11780 U.S. HIGHWAY 1, SUITE 204 NORTH PALM BEACH, FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 655 North AlA Jupiter, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TAYLOR, JOHN S III 11780 UNITED STATES HIGHWAY ONE SUITE 204 NORTH PALM BEACH, FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition Taylor, John J. III 655 North AlA Jupiter, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: *Henri Desplaines* **2/20/06** **561-354-2900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #