2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001437 1. Entity Name ALCO FLORIDA HOLDINGS, LLC



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business 5317 WEST CULLOM AVENUE CHICAGO, IL 60641 Mailing Address 5317 WEST CULLOM AVENUE CHICAGO, IL 60641

DATE

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 04092008 No Chg-LLC

4. FEI Number

CR2E083 (12/07)

31-8306332 5. Certificate of Status Desired

		Not Applicable		
\$5.00 Additional				
Fee Required				

Applied For

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 reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	HEISE, RICHARD A ESQ			
STREET ADDRESS	5317 WEST CULLOM AVE			
CITY-ST-ZIP	CHICAGO, IL 60641	U00000941851 05/28/08-80121-022 138.75		
TALE		US/28/U8-8U121-U22 138.AS		
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP		DO NOT WRITE		
TILE		IN THIS SPACE		
NAME		IN THIS SPACE		
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP		•		
TITLE				
NAME				
STREET ADDRESS		,		
CITY-ST-ZIP		· · · · ·		
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 2 A 4/12/08 941 632220				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMORY, OR AUTHORIZED REPRESENTATIVE Date Daytime Prome #				