## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M98000001353

AL INVESTORS BRADENTON LLC



**FILED** Mar 01, 2005 08:00 AM Secretary of State

Principal Place of Business

2250 MCGILCHRIST STREET, SUITE 200 SALEM, OR 97302

Mailing Address

PO BOX 14111 ATTN: DEBBIE PARSONS SALEM, OR 97309



## DO NOT WRITE IN THIS SPACE

01272005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 93-1256325

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM

## DO NOT WRITE

1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		IN	IN THIS SPACE	
	named entity submits this statement for the purpose of cha- tions of registered agent.			
Fi	Signature, typed or primed name of registered agent and little if applicable  lifting Fee is \$50.00  ue by May 1, 2005	(NOTE: Registered Agent signature required when reinstating)	DATE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM AL INVESTORS LLC 2250 MCGILCHRIST STREET, SUITE 200 SALEM, OR 97302	DC	900000247081 J3791795-80007-003 150.00 NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS			Harri	

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 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

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

Daytime Phone #