


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 SEP 19 PM 2:46

**DOCUMENT # L05000009527**

1. Entity Name  
**ALEX'S PAL SYNDICATE LLC**



Principal Place of Business 5350 SE 212 CT MORRISTON, FL 32668 US	Mailing Address PO BOX 249 MORRISTON, FL 32668 US
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2. Principal Place of Business 15233 N Hwy 329 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <del>Ocala</del> Reddick, FL	City & State
Zip 32686	Country U.S.

09072006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2249754	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

GURINO, LOUIS  
5350 SE 212 CT  
MORRISTON, FL 32668

7. Name and Address of New Registered Agent

Name Beckie K. Cantrell  
Street Address (P.O. Box Number is Not Acceptable)  
4700 NE 97<sup>th</sup> St Rd  
City Anthony FL Zip Code 32617

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 Beckie K. Cantrell Beckie K. Cantrell DATE 9/7/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GURINO, LOUIS 5350 SE 212 CT MORRISTON, FL 32668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brett A. Brinkman 8141 NW 47 <sup>th</sup> Lane Ocala, FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Beckie K. Cantrell 4700 NE 97 <sup>th</sup> St Rd Anthony, FL 32617 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Beth Bayer 8141 NW 47 <sup>th</sup> Lane Ocala, FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000079958430 09/19/06--01059--004 *\$110.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Beckie K. Cantrell Beckie K. Cantrell DATE 9/7/06

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

\$50-AR  
\$5-CC