

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000013000  
 1. Entity Name  
 ALLEY SHOP, L.L.C.



Principal Place of Business: 214 MIRACLE MILE, CORAL GABLES, FL 33134  
 Mailing Address: 214 MIRACLE MILE, CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



07052007No Chg-LLC CR2E083 (11/05)

4. FEI Number: 37-1435427 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 RODRIGUEZ, MARISEL  
 214 MIRACLE MILE  
 CORAL GABLES, FL 33134

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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 September 14, 2007  
 U00000768423  
 07/12/07-80011-011 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RODRIGUEZ, MARISEL
STREET ADDRESS	214 MIRACLE MILE
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	MGRM
NAME	ASHWORTH, JUDY
STREET ADDRESS	214 MIRACLE MILE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Judy Ashworth* 7/5/07 305-446-5391  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #