

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097420

FILED
Feb 17, 2009
Secretary of State

Entity Name: A & J LAKE ALFRED HOLDINGS, LLC

Current Principal Place of Business:

1920 E HALLANDALE BEACH BLVD.
SUITE 906
HALLANDALE, FL 33009 US

New Principal Place of Business:

Current Mailing Address:

1920 E HALLANDALE BEACH BLVD.
SUITE 906
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 20-3867377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIPSON, ARTHUR E
1920 E HALLANDALE BEACH BLVD.
SUITE 906
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIPSON, ARTHUR E
Address: 1920 E HALLANDALE BEACH BLVD., SUITE 906
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR () Delete
Name: STERN, JEROME H
Address: 1920 E HALLANDALE BCH BLVD 906
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LIPSON, ARTHUR E
Address: 1920 E HALLANDALE BCH BLVD. # 906
City-St-Zip: HALLANDALE, FL 33009 US

Title: MGR (X) Change () Addition
Name: STERN, JEROME H
Address: 1920 E HALLANDALE BCH BLVD #906
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARTHUR E. LIPSON MGR 02/17/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date