



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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| DOCUMENT # L06000043000 | |  | |
| 1. Entity Name ALBERTINA C FONTE LLC | | | |
| Principal Place of Business 605 BAINBRIDGE DR BRANDON, FL 33511 | | Mailing Address 605 BAINBRIDGE DR BRANDON, FL 33511 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent FONTE, ALBERTINA 605 BAINBRIDGE DR BRANDON, FL 33511 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | 4. FEI Number 20-4753424 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 8. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| SIGNATURE | | DATE | |
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FONTE, ALBERTINA C 605 BAINBRIDGE DR BRANDON, FL 33511 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:  | | Date: 8/25/07 (813) 363-3240 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | |

2007 SEP 20 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08272007 Chg-LLC CR2E083 (12/06)