


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State


04-16-2008 90112 006 ***138.75

DOCUMENT # L06000076148

1. Entity Name
ALOHA REALTY GROUP, LLC



50003495



04102008 Chg-LLC CR2E083 (12/06)

Principal Place of Business 940 WEST OAKLAND AVE SUITE A-7 OAKLAND, FL 34787 US		Mailing Address 940 WEST OAKLAND AVE SUITE A-7 OAKLAND, FL 34787 US	
2. Principal Place of Business - No P.O. Box # 990 W. HIGHWAY 50		3. Mailing Address 990 W. HIGHWAY 50	
Suite, Apt. #, etc. 101		Suite, Apt. #, etc. 101	
City & State CLERMONT, FLA.		City & State CLERMONT, FLA.	
Zip 34711	Country USA	Zip 34711	Country USA

4. FEI Number 20-5436216		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent KAUFFMAN, SCOTT 940 WEST OAKLAND AVE SUITE A-7 OAKLAND, FL 34787		7. Name and Address of New Registered Agent Name SCOTT KAUFFMAN Street Address (P.O. Box Number is Not Acceptable) 990 W. HIGHWAY 50, SUITE 101 City CLERMONT FL Zip Code 34711

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: *Scott Kauffman* DATE: **4/11/08**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM KAUFFMAN, SCOTT 940 WEST OAKLAND AVE, STE A-7 OAKLAND, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM SCOTT KAUFFMAN 990 W. HIGHWAY 50, SUITE 101 CLERMONT, FLA 34711 <input checked="" 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
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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: *Scott Kauffman* **SCOTT KAUFFMAN** DATE: **4/11/08** DAYTIME PHONE: **352-243-4200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #