

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90024 002 ****50.00

DOCUMENT # L01000008761

1. Entity Name
OLD ALABAMA, LLC



Principal Place of Business
**2101 WEST COMMERCIAL BLVD., SUITE 4100
FT LAUDERDALE, FL 33309**

Mailing Address
**2101 WEST COMMERCIAL BLVD., SUITE 4100
FT LAUDERDALE, FL 33309**

14002799



2. Principal Place of Business
**2101 W. Commercial Blvd.
Suite, Apt. #, etc.
Suite 2800**

3. Mailing Address
**2101 W. Commercial Blvd.
Suite, Apt. #, etc.
Suite 2800**

03112005 Chg-LLC CR2E083 (10/03)

City & State
**Ft. Lauderdale, FL
Zip
33309**

City & State
**Fort Lauderdale, FL
Zip
33309**

4. FEI Number
65-1109790

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORMAN, ROBERT S ESQUIRE
2101 WEST COMMERCIAL BOULEVARD, SUITE 4100
FT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name
Robert S. Forman
Street Address (P.O. Box Number is Not Acceptable)
2101 West Commercial Blvd., Suite 2800
City
Ft. Lauderdale **FL** Zip Code
33309

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 **Robert S. Forman** **4/25/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGRM ☐ Delete
NAME
SHIMM, KENNETH L
STREET ADDRESS
2101 W COMMERCIAL BLVD., ~~SUITE 4100~~
CITY-ST-ZIP
FORT LAUDERDALE, FL 33309

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
Suite #2800
STREET ADDRESS
Suite #2800
CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **4/25/05** **(954) 492-1980**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Kenneth L. Shimm