2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 14, 2008 08:00 AM **DOCUMENT # L02000008036 Secretary of State** 1. Entity Name ALDÉN ARMS, L.L.C. Principal Place of Business Mailing Address 700 NORTH OLIVE AVENUE 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number City & State City & State 04-3635931 Not Applicable Country Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHULTZ, AMY E Street Address (P.O. Box Number is Not Acceptable) 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) THE CHARLES Make check payable to har FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE . ☐ Change ☐ Addition TITLE ☐ Delete SALA, ROBERT NAME U00000782103 NAME 931 HYACINTH DRIVE STREET ADDRESS 01/15/08-80061-012 138.75 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 City-St-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition | ☐ Delete TITLE TITLE NAME NAME

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

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE NAME

C. KuBent SALA TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Addition

☐ Change