2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L02000008036

Entity Name: ALDEN ARMS, L.L.C.

Current Principal Place of Business:

700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Principal Place of Business:

700 NORTH OLIVE AVENUE
SUITE #2
WEST PALM BEACH, FL 33401

Current Mailing Address:

700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

New Mailing Address:

700 NORTH OLIVE AVENUE
SUITE #2
WEST PALM BEACH, FL 33401

FEI Number: 04-3635931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHULTZ, AMY E
700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

SCHULTZ, AMY E
700 NORTH OLIVE AVENUE
SUITE #2
WEST PALM BEACH, FL 33401 US

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: _____ 01/19/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SALA, ROBERT
Address: 931 HYACINTH DRIVE
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBERT SALA MGRM 01/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date