

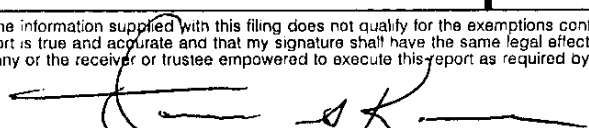


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000024685		
1. Entity Name ALDERWOOD INVESTMENTS, LLC		
Principal Place of Business PO BOX 25531 TAMPA, FL 33622	Mailing Address PO BOX 25531 TAMPA, FL 33622	 01042007 No Chg-LLC CR2E083 (11/05)
DO NOT WRITE IN THIS SPACE		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MAYTS, ANDREW J JR. ESQ 106 SOUTH TAMPANIA AVENUE, SUITE 200 TAMPA, FL 33609		
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$50.00 Due by May 1, 2007 U000000709367 04/24/07-80150-024 50.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAUSE, THOMAS S 1300 N WESTSHORE BLVD STE 250 TAMPA, FL 33609	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROUCHER, RAYMOND A 1300 N WESTSHORE BLVD STE 250 TAMPA, FL 33609	
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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:  4/12/07 (813)637-8888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> RAYMOND A. PROUCHER Thomas S Krause		