

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90273 008 ***138.75

60018567



03272008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000025354 1. Entity Name ALLETE COMMERCIAL, LLC					
Principal Place of Business 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916			Mailing Address 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 56-2377069 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State			
Zip Country		Zip Country			
6. Name and Address of Current Registered Agent - NATIELLO, JOHN 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 ALLETE PROPERTIES, LLC <input type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PLAMBECK, BARBARA A <input type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIELLO, JOHN A <input type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLQUIST, LAURA A <input type="checkbox"/> Delete 4315 METRO PARKWAY, SUITE 500 FORT MYERS, FL 33916		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	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LIVINGSTON, WILLIAM I. ONE CORPORATE DRIVE, STE. 3A PALM COAST, FL 321374715	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LUSBY, DAVID ONE CORPORATE DRIVE, STE. 3A PALM COAST, FL 321374715	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 3/27/08 Daytime Phone # 239-333-3300		

ATTACHMENT

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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000025354 Continued

ALLETE Commercial, LLC

Line 9 Continued

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HORVATH, MARGARET	
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500	
CITY-ST-ZIP	FORT MYERS, FL 33916	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

Line 10 Continued

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUGHES, HEIDI		
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500		
CITY-ST-ZIP	FORT MYERS, FL 33916		
TITLE	MGRM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROTH, JEFFREY H.		
STREET ADDRESS	4315 METRO PARKWAY, SUITE 500		
CITY-ST-ZIP	FORT MYERS, FL 33916		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			