2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2009
Secretary of State

DOCUMENT# L03000029584

Entity Name: ALHOOM, LLC

Current Principal Place of Business:

781 CRANDON BLVD, UNIT 604
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

22802 AZURE SEA
LAGUNA NIGUEL, CA 92677

New Mailing Address:

FEI Number: 20-1001601 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CALVO, LIZABETH F
328 CRANDON BLVD, STE 226
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ALSULAIMAN, ELHAM Y
Address: 781 CRANDON BLVD, UNIT 604
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete
Name: ALSULAIMAN, GHASSAN A
Address: 781 CRANDON BLVD, UNIT 604
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ALSULAIMAN, ELHAM Y
Address: 22802 AZURE SEA
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: MGRM (X) Change ( ) Addition
Name: ALSULAIMAN, GHASSAN A
Address: 22802 AZURE SEA
City-St-Zip: LAGUNA NIGUEL, CA 92677

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: GHASSAN ALSULAIMAN MGRM 08/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date