



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90069 018 ****50.00

DOCUMENT # L03000032850					
1. Entity Name ALAMANDA ENTERPRISES, LLC					
Principal Place of Business 20951 #4 VIA ALAMANDA BOCA RATON, FL 33428			Mailing Address 20951 #4 VIA ALAMANDA BOCA RATON, FL 33428		
2. Principal Place of Business <i>10672 Santa Laguna Dr</i> Suite, Apt. #, etc.		3. Mailing Address <i>10672 Santa Laguna Dr</i> Suite, Apt. #, etc. <i>Boca Raton</i>			
City & State <i>Boca Raton FL</i>		City & State <i>Boca Raton FL</i>		05242006 Chg-LLC CR2E083 (11/05)	
Zip <i>33428</i>		Country <i>U.S.A.</i>		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent POTESTA, MICHELLE 20951 #4 VIA ALAMANDA BOCA RATON, FL 33428			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 <i>6-3-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POTESTA, MICHELLE 20951 #4 VIA ALAMANDA BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGRM DeFede-Potesta, michelle 10672 Santa Laguna Dr Boca Raton, FL 33428</i>	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>M. DeFede-Potesta, michelle DeFede-Potesta</i>			Date <i>6-3-06</i> Daytime Phone # <i>561 504-6749</i>		