


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L03000041446 1. Entity Name 129 ALOHA TERRACE, LLC |  |
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|---|---|
| Principal Place of Business 129 ALOHA TERRACE PORT ORANGE, FL 32129 | Mailing Address 129 ALOHA TERRACE PORT ORANGE, FL 32129 |
|---|---|

DO NOT WRITE IN THIS SPACE



02052007 No Chg-LLC

CR2E083 (11/05)

| | |
|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
|---------------------------------|-------------------------------|

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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent HUGHES, BARRY E 2001 S. RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119 |
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**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.

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|---|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|---|--|------------|



**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROE, ROBERT 129 ALOHA TERRACE PORT ORANGE, FL 32127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROE, MARLENE 129 ALOHA TERRACE PORT ORANGE, FL 32127 |
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U000000639249
02/28/07-80017-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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:   | 2/16/2007 | 845 978-0079 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date</small> | <small>Daytime Phone #</small> |