2008 LIMITED LIABILITY COMPANY

FILED Apr 14, 2008 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # L04000001675 ALROE, L.L.C. ्रमा अस् व्यक्ति विद्यानी अस्ति स्थापन स्थापन Principal Place of Business Mailing Address **6231 CLARK CENTER AVENUE 6231 CLARK CENTER AVENUE** SARASOTA, FL 34238 SARASOTA, FL 34238 01082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2434998 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEHTO, ALLAN J JR. DO NOT WRITE 6231 CLARK CENTER AVENUE SARASOTA, FL 34238 IN THIS SPACE 8. The above named ontity 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE LEHTO, ALLAN J JR NAME STREET ADDRESS **6231 CLARK CENTER AVENUE** CITY-ST-ZIP SARASOTA, FL 34238 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ~ STREET ADDRESS

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 their specific parties of the missing member of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the limited liability company or their specific parties of the l

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Daytime Phone #