FILED 2007 LIMITED LIABILITY COMPANY Sep 06, 2007 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L04000008727 RANDY ALDERMAN, LLC. Mailing Address Principal Place of Business 720 ROBERTS AVE 720 ROBERTS AVE DELAND, FL 32724 DELAND, FL 32724 CR2E083 (11/05) 08282007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ALDERMAN, RANDY 720 ROBERTS AVE. **DELAND, FL 32724** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filling Fee Is \$50.00 Due by September 14, 2007 MANAGING MEMBERS/MANAGERS MGR TITLE ALDERMAN, RANDY NAME 720 ROBERTS AVE. STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SCHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

8/28/07 321/231/6366