

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045063

Entity Name: ALOMA FINANCIAL GROUP, LLC

FILED
Apr 28, 2006
Secretary of State

Current Principal Place of Business:

2848 ALOMA LAKE RUN
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

2848 ALOMA LAKE RUN
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 33-1047126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

DIPAK RAJHANSA
2848 ALOMA LAKE RUN
OVIEDO, FL 32765 US

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: DIPAK RAJHANSA

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEREZ, JAVIER
Address: 5724 ALOMA WOODS BLVD.
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: RAJHANSA FAM. TRUST,, DIPAK RAJHANS A COTEE
Address: 2848 ALOMA LAKE RUN
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: SALYER, DAWN
Address: 1000 AARON
City-St-Zip: JACKSON, MO 63755 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DIPAK RAJHANSA

MGRM

04/28/2006

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