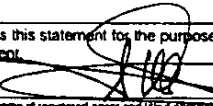
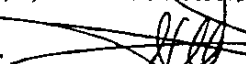


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90355 021 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                |                                                                                                                                                                                                 |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000047043</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                |                                                                                                                |                                                                   |
| 1. Entity Name<br><b>ALANNA ISABELLA, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                                                                                                                                                                                                 |                                                                   |
| Principal Place of Business<br><b>13433 SW 151 TERRACE<br/>MIAMI, FL 33186 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                | Mailing Address<br><b>13433 SW 151 TERRACE<br/>MIAMI, FL 33186 US</b>                                                                                                                           |                                                                   |
| 2. Principal Place of Business - No P.O. Box<br><b>18001 OLD CUTLER RD.<br/>Suite, Apt. #, etc. 431</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                | 3. Mailing Address<br><b>18001 OLD CUTLER RD<br/>Suite, Apt. #, etc. 431</b>                                                                                                                    |                                                                   |
| City & State<br><b>MIAMI FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                | City & State<br><b>MIAMI FL</b>                                                                                                                                                                 |                                                                   |
| Zip<br><b>33157</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br><b>USA</b>                                                                                          | Zip<br><b>33157</b>                                                                                                                                                                             | Country<br><b>USA</b>                                             |
| 4. FEI Number<br><b>APPROX 20-5972099</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                          |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                | \$5.00 Additional Fee Required                                                                                                                                                                  |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>WALROTH-SADURNI, STEPHEN P<br/>2699 SOUTH BAYSHORE DRIVE<br/>7TH FLOOR<br/>MIAMI, FL 33133</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18001 OLD CUTLER RD<br/># 431</b><br>City <b>MIAMI</b> FL Zip Code <b>33157</b> |                                                                   |
| 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 <b>30- April 07</b>                                                                                                                                                                        |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                | Make check payable to<br>Florida Department of State                                                                                                                                            |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                | 10. ADDITIONS/CHANGES                                                                                                                                                                           |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>MENDOZA DE WALROTH, G. LIAN<br>13433 SW 151 TERRACE<br>MIAMI, FL 33186 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>WALROTH-SADURNI, STEPHEN P<br>13433 SW 151 TERRACE<br>MIAMI, FL 33186 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                | Date <b>30 April 07</b> 3052784511                                                                                                                                                              |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                | Date Daytime Phone #                                                                                                                                                                            |                                                                   |

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