2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State
04-05-2005 90010 013 ****50.00

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1. Entity Name
ALARA INVESTMENTS LLC

Principal Place of Business	Mailing Address
642 S.W. PUEBLO TERRACE PORT ST. LUCIE, FL 34953	265 S.W. PSL BLVD., PMB 113 PORT ST. LUCIE, FL 34984

03282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
220 SE 8th Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State
Zip: 34974 Country	Zip Country

4. FEI Number: 20-1402291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, THOMAS L
642 S.W. PUEBLO TERRACE
PORT ST. LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 220 SE 8th Avenue
City: Okeechobee FL Zip Code: 34974

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: [signature] 3-28-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

(Filing Fee is $50.00) Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, THOMAS L 265 S.W. PSL BLVD., PMB 113 PORT ST. LUCIE, FL 34984	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	220 SE 8th Avenue Okeechobee, FL 34974	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] THOMAS L KING M.M. 3-28-05 772-418-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #