


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000083079</b> 1. Entity Name ALLEY PROPERTIES, LLC	
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Principal Place of Business 400 NE 5TH AVENUE BOCA RATON, FL 33432	Mailing Address 400 NE 5TH AVENUE BOCA RATON, FL 33432
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**DO NOT WRITE IN THIS SPACE**



04032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1888176	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

TAMONEY, BRIAN C CPA  
2200 NORTH FEDERAL HWY  
SUITE 228  
BOCA RATON, FL 33431

**DO NOT WRITE  
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 \_\_\_\_\_  
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, 2007**

U000000694458  
04/17/07-80019-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEY, HADLEY J. 400 NE 5TH AVE. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEY, KATHRYN C. 399 NE 8TH STREET BOCA RATON, FL 33432
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 604, Florida Statutes.

**SIGNATURE:** HADLEY J. ALLEY 4-4-07 561-213-6588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #