2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L04000083079

Entity Name: ALLEY PROPERTIES, LLC

Current Principal Place of Business:

400 NE 5TH AVENUE
BOCA RATON, FL 33432

New Principal Place of Business:

380 NE 5TH AVENUE
BOCA RATON, FL 33432

Current Mailing Address:

400 NE 5TH AVENUE
BOCA RATON, FL 33432

New Mailing Address:

380 NE 5TH AVENUE
BOCA RATON, FL 33432

FEI Number: 20-1888176 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALLEY, HADLEY J.
Address: 400 NE 5TH AVE.
City-St-Zip: BOCA RATON, FL 33432

Title: MGR ( ) Delete
Name: ALLEY, KATHRYN C.
Address: 399 NE 8TH STREET
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR ( ) Change (X) Addition
Name: ALLEY, STEPHEN R
Address: 300 NE 5TH AVE
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN R ALLEY MGR 04/29/2009

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