
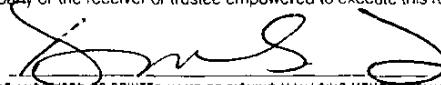


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90035 049 ***150.00

DOCUMENT # L05000001269 1. Entity Name ALMERIA INVESTMENTS, LLC			
Principal Place of Business 73 ALMERIA STREET ST. AUGUSTINE, FL 32084		Mailing Address 73 ALMERIA STREET ST. AUGUSTINE, FL 32084	
2. Principal Place of Business - No P.O. Box # 453 Ocean Forrest Dr. Suite, Apt. #, etc.		3. Mailing Address 453 Ocean Forrest Dr. Suite, Apt. #, etc.	
City & State St. Augustine FL Zip Country 32080		City & State St. Augustine FL Zip Country 32080	
4. FEI Number 14-0620610		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03142007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent LANG, DANIEL S 73 ALMERIA STREET ST. AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR <input type="checkbox"/> Delete NAME LANG, DANIEL S STREET ADDRESS 73 ALMERIA STREET CITY-ST-ZIP ST. AUGUSTINE, FL 32084	TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Lang, Daniel S STREET ADDRESS 453 Ocean Forrest Dr. CITY-ST-ZIP St. Augustine, FL 32080	TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		4-16-07 904-381-6807	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	