To: From: Spiegel & Utrera

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2006 8:00 am
Secretary of State
05-09-2006 90012 010 ****50.00

DOCUMENT # L05000013944

1. Entity Name

Aleman Group, LLC.

DO NOT WRITE IN THIS SPACE

20045428

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3409 Cortez Rd. W.	P.O. BOX 1194
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Bradenton, FL	Anna Maria, FL
Zip: 34210 Country: U.S.A.	Zip: 34216 Country: U.S.A.

4. FEI Number 20-2308921 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami **FL** Zip Code: 33145

J. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	managing Director, "MGRM" William Aleman P.O. Box 1194 (103 Los Cedros) Anna Maria, FL 34216-1194	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: _____ 5/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #