

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015871

**FILED**  
**Mar 04, 2008**  
**Secretary of State**

**Entity Name:** OLD COLONY 4565 PROPERTY INVESTMENTS, LLC

**Current Principal Place of Business:**

3838 RAYMERT DR  
SUITE 10A  
LAS VEGAS, NV 89121

**New Principal Place of Business:**

755 SCOTT AVE  
PALM BAY, FL 32908 US

**Current Mailing Address:**

C/O ALOHA GROUP LP  
3838 RAYMERT DR, STE 10A  
LAS VEGAS, NV 89121

**New Mailing Address:**

C/O ALOHA GROUP LP  
3155 E PATRICK LANE, STE 1  
LAS VEGAS, NV 89120 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEKKER, LAUREL A  
902 BRITTON ST  
LARGO, FL 33770 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: MGRM ( ) Delete  
Name: ALOHA GROUP, LP,  
Address: 3838 RAYMERT DR, STE 10A  
City-St-Zip: LAS VEGAS, NV 89121 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALOHA GROUP, LP,  
Address: 3155 E PATRICK LANE, STE 1  
City-St-Zip: LAS VEGAS, NV 89120 US

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: LAUREL A DEKKER FOR MGMR

PRES

03/04/2008

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