

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021927

Entity Name: ALMANDINE, LLC

FILED
Feb 22, 2008
Secretary of State

Current Principal Place of Business:

46 COLECHESTER LANE
PALM COAST, FL 32137

New Principal Place of Business:

50 SE OCEAN BLVD.
305
STUART, FL 34994

Current Mailing Address:

46 COLECHESTER LANE
PALM COAST, FL 32137

New Mailing Address:

50 SE OCEAN BLVD.
305
STUART, FL 34994

FEI Number: 25-1915314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMELING, LILAH
46 COLECHESTER LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

BROSS, LILAH
50 SE OCEAN BLVD.
305
STUART, FL 34994 US

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: LILAH BROSS

02/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROSS, JAMES
Address: 46 COLECHESTER LANE
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: HARMELING, LILAH
Address: 46 COLECHESTER LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROSS, JAMES
Address: 50 SE OCEAN BLVD. #305
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Change () Addition
Name: BROSS, LILAH
Address: 50 SE OCEAN BLVD. #305
City-St-Zip: STUART, FL 34994

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: LILAH BROSS

MGRM

02/22/2008

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