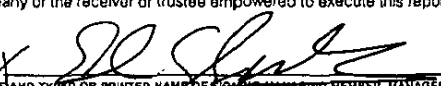


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90031 034 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000044141			
1. Entity Name ALAN MORIN, LLC			
Principal Place of Business 250 S. OCEAN BLVD. SUITE 15-A BOCA RATON, FL 33432 US		Mailing Address 250 S. OCEAN BLVD. SUITE 15-A BOCA RATON, FL 33432 US	
2. Principal Place of Business - No P.O. Box # 499 Thatch Palm Dr. Suite, Apt. #, etc.		3. Mailing Address 499 Thatch Palm Dr. Suite, Apt. #, etc.	
City & State Boca Raton, FL Zip 33432		City & State Boca Raton, FL Zip 33432	
4. FET Number APPLIED FOR 20-2806924		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 7805 S.W. 6TH COURT PLANTATION, FL 33324		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 relinquishing) 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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM APPELBAUM, ALAN Z 250 S. OCEAN BLVD. #15A BOCA RATON, FL 33432 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	499 Thatch Palm Dr. Boca Raton, FL 33432 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: X 		04/25/07 800-593-9167	
SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)		Date Daytime Phone #	