

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054417

FILED  
May 08, 2009  
Secretary of State

Entity Name: ALBERTSON INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

20 BOWLING GREEN PLACE  
STATEN ISLAND, NY 10314

**New Principal Place of Business:**

**Current Mailing Address:**

20 BOWLING GREEN PLACE  
STATEN ISLAND, NY 10314

**New Mailing Address:**

FEI Number: 20-3040287      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

IRA R. SHAPIRO, P.A.  
16375 NE 18TH AVENUE, #225  
NORTH MIAMI BEACH, FL 33162      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: ALBERTSON, DAVID  
Address: 20 BOWLING GREEN PLACE  
City-St-Zip: STATEN ISLAND, NY 10314

Title: MGR      ( ) Delete  
Name: ALBERTSON, CYNTHIA  
Address: 20 BOWLING GREEN PLACE  
City-St-Zip: STATEN ISLAND, NY 10314

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID ALBERTSON

MGR

05/08/2009

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