2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000054857

1. Entity Name
ALIMAR PROPERTIES, LLC

Principal Place of Business	Mailing Address
123 EAST HOWARD STREET LIVE OAK, FL 32604	123 EAST HOWARD STREET LIVE OAK, FL 32604

DO NOT WRITE IN THIS SPACE

01032007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-2946689	Not Applicable

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

6. Name and Address of Current Registered Agent

POOLE, RONALD D
123 EAST HOWARD STREET
LIVE OAK, FL 32060

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IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee Is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	POOLE, RONALD D
STREET ADDRESS	123 EAST HOWARD STREET
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	MGRM
NAME	POOLE, RENEE P
STREET ADDRESS	123 EAST HOWARD STREET
CITY-ST-ZIP	LIVE OAK, FL 32604
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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01/09/07-80036-009 50.00

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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: _____   1-4-07   386363459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #