

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000080254

FILED
Jul 10, 2007
Secretary of State

Entity Name: ALAMEDA INVESTMENTS LLC

Current Principal Place of Business:

1724 ASPEN LN
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1724 ASPEN LN
WESTON, FL 33327

New Mailing Address:

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

LATIN NETWORK CONSULTANTS INC
2853 EXECUTIVE PARK DR
SUITE 201
WESTON, FL 33331 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: MGRM () Delete
Name: DUARTE DE COLLANTES, ARMIDA
Address: 1724 ASPEN LN
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: COLLANTES, RAUL
Address: 1724 ASPEN LN
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: COLLANTES, VIVIAN
Address: 1724 ASPEN LN
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: COLLANTES, MONICA
Address: 1724 ASPEN LN
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: COLLANTES, ANDREINA
Address: 1724 ASPEN LN
City-St-Zip: WESTON, FL 33327

Title: MGRM () Delete
Name: COLLANTES, JOHANA
Address: 1724 ASPEN LN
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES:

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

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

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

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

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

Title: MGRM (X) Change () Addition
Name: COLLANTES, JOANNA
Address: 1724 ASPEN LN
City-St-Zip: WESTON, FL 33327

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: VIVIAN C. COLLANTES

MRS

07/10/2007

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