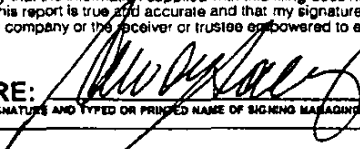


FILED
Jun 19, 2006 8:00 am
Secretary of State

05-15-2006 90242 005 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000095606			
1. Entity Name THE ALDEN GROUP, LLC			
Principal Place of Business 1509 N. MILITARY TRAIL STE. 216 WEST PALM BEACH, FL 33409		Mailing Address 1509 N. MILITARY TRAIL STE. 216 WEST PALM BEACH, FL 33409	
2. Principal Place of Business 990 Stinson Way Suite, Apt. #, etc. Ste 201 City & State West Palm Beach FL Zip 33411 Country Palm Beach		3. Mailing Address 990 Stinson Way Suite, Apt. #, etc. Ste 201 City & State West Palm Beach FL Zip 33411 Country Palm Beach	
05122006		Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-3544318		☐ Applied For ☒ Not Applicable	
5. Certificate of Status Desired		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HACKNEY, ROBERT C 11891 US HIGHWAY ONE STE. 100 NORTH PALM BEACH, FL 33408		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 re-registering) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ 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:  Robert C. Hackney Esq. 5/10/06 501 622 2700			