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

30010688

Principal Place of Business	Mailing Address
1509 N. MILITARY TRAIL STE. 216 WEST PALM BEACH, FL 33409	1509 N. MILITARY TRAIL STE. 216 WEST PALM BEACH, FL 33409

05122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
990 Stinson Way	990 Stinson Way
Suite, Apt. #, etc.: Ste 201	Suite, Apt. #, etc.: Ste 201
City & State: West Palm Bch FL	City & State: West Palm Beach FL
Zip: 33411 Country: Palm Beach	Zip: 33411 Country: Palm Bch

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

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Mgr NAME: Caruso, Dennis J. STREET ADDRESS: 990 Stinson Way Ste 201 CITY-ST-ZIP: West Palm Beach FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR NAME: Boyd, Albert STREET ADDRESS: 990 Stinson Way Ste 201 CITY-ST-ZIP: West Palm Beach, FL 33411	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Robert C. Hackney Esq 5/10/06 561 622 2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #