

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90349 039 ****50.00

DOCUMENT # L05000095606

1. Entity Name
THE ALDEN GROUP, LLC



Principal Place of Business
**990 STINSON WAY
SUITE 201
WEST PALM BEACH, FL 33411**

Mailing Address
**990 STINSON WAY
SUITE 201
WEST PALM BEACH, FL 33411**

60034086



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022007 Chg-LLC CR2E083 (12/06)

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 **Robert C. Hackney, Esq.**
Street Address (P.O. Box Number is Not Acceptable) **Moyle Flanigan et al.**
625 N. Flagler Dr - 9th Floor
City **West Palm Bch** FL Zip Code **33401**

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CARUSO, DENNIS J**
STREET ADDRESS **990 STINSON WAY SUITE 201**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **MGR** ☒ Delete
NAME **BOYD, ALBERT**
STREET ADDRESS **990 STINSON WAY SUITE 201**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert C. Hackney

4/5/07

Date

561-776-8600

Daytime Phone #