2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # L05000103049 1. Entity Name ALNED LLC Principal Place of Business Mailing Address 2400 SUNRISE KEY BLVD. 2400 SUNRISE KEY BLVD. FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 04282008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-3917469 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NICHOLS, ALEX DO NOT WRITE 2400 SUNRISE KEY BLVD FORT LAUDERDALE, FL 33304 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS MGR TITLE NAME HOMFELD, NED STREET ADDRESS 2400 SUNRISE KEY BLVD. FT. LAUDERDALE, FL. 33304 CITY-ST-ZIP MGR TITLE NAME NICHOLS, ALEX STREET ADDRESS 2400 SUNRISE KEY BLVD. CITY-ST-ZIP FT. LAUDERDALE, FL 33304 TITLE HOMFELD, NED NAME STREET ADDRESS 2400 SUNRISE KEY BLVD. DO NOT WRITE CITY-ST-ZIP FT. LAUDERDALE, FL 33304 TITLE IN THIS SPACE NAME NICHOLS, ALEX STREET ADDRESS 2400 SUNRISE KEY BLVD. CITY-ST-ZIP FT. LAUDERDALE, FL 33304 TITLE NAME STREET ADDRESS

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PROTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/00

Daytime Phone #

FILED