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Aug 16, 2007 8:00 am
Secretary of State
07-18-2007 90014 035 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000000552

1. Entity Name
ALANIC GROUP LLC

30012268

07132007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1934 SE 37 TERRACE CAPE CORAL, FL 33904	1934 SE 37 TERRACE CAPE CORAL, FL 33904

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5015 SW 8th Place	5015 SW 8th Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral FL	City & State: Cape Coral FL
Zip: 33914 Country: USA	Zip: 33914 Country: USA

4. FEI Number: 20-4074575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSIPOV, ARKADIY 1934 SE 37 TERRACE CAPE CORAL, FL 33904	Name: Osipov, Arkadiy Street Address (P.O. Box Number is Not Acceptable): 5015 SW 8th Place City: Cape Coral FL Zip Code: 33914

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] Arkadiy Osipov 07/12/07
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 September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSIPOV, ARKADIY 1934 SE 37 TERRACE CAPE CORAL, FL 33904	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Osipov, Arkadiy 5015 SW 8th Place Cape Coral	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FL 33914	☐ 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] Arkadiy Osipov 07/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #