


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000023187 1. Entity Name ALMIKE MANAGEMENT, LLC	
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Principal Place of Business 2424 N.E. 22ND STREET POMPANO BEACH, FL 33062	Mailing Address 2424 N.E. 22ND STREET POMPANO BEACH, FL 33062
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DO NOT WRITE IN THIS SPACE



05292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

KLASFELD, MICHAEL C 2424 N.E. 22ND STREET POMPANO BEACH, FL 33062	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000953319
06/23/08-80001-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KLASFELD, ALAN S
STREET ADDRESS	1908 NW 4TH AVE #112
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	KLASFELD, MICHAEL C
STREET ADDRESS	1908 NW 4TH AVE #112
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **6-18-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #