2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# L06000031629

Entity Name: ALDRICH REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:

2601 SW 37 AVE
SUITE 502
MIAMI, FL 33133

New Principal Place of Business:

2601 SW 37 AVE
SUITE 502
MIAMI, FL 331332750 US

Current Mailing Address:

2601 SW 37 AVE
SUITE 502
MIAMI, FL 33133

New Mailing Address:

2601 SW 37 AVE
SUITE 502
MIAMI, FL 331332750 US

FEI Number: 65-0243602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALDRICH, JOSE J M.D.
2601 SW 37 AVE
SUITE 502
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

ALDRICH, JOSE J M.D.
2601 SW 37 AVE
SUITE 502
MIAMI, FL 331332750 US

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.

SIGNATURE: JOSE J. ALDRICH 06/16/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: DR ( ) Delete
Name: ALDRICH, JOSE J MD
Address: 2601 SW 37 AVE, SUITE 502
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: DR (X) Change ( ) Addition
Name: ALDRICH, JOSE J MD
Address: 2601 SW 37 AVE, SUITE 502
City-St-Zip: MIAMI, FL 331332750 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE J. ALDRICH DR. 06/16/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date