


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90333 049 ***138.75

DOCUMENT # L06000034400 1. Entity Name ALOMA PARK CENTER, LLC					
Principal Place of Business 709 EXECUTIVE DRIVE WINTER PARK, FL 32789			Mailing Address 709 EXECUTIVE DRIVE WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 4070 ALOMA AVENUE Suite, Apt. #, etc. 1030			3. Mailing Address (SAME) Suite, Apt. #, etc.		
City & State WINTER PARK, FL			City & State City & State		
Zip 32792		Country USA		4. FEI Number 51-0573820	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DUKE, BRIAN L 709 EXECUTIVE DRIVE WINTER PARK, FL 32789 4070 ALOMA AVENUE #1030 WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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  3/6/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM <input type="checkbox"/> Delete NAME DUKE, BRIAN L STREET ADDRESS 709 EXECUTIVE DRIVE CITY-ST-ZIP WINTER PARK, FL 32789			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 4070 ALOMA AVENUE #1030 CITY-ST-ZIP WINTER PARK, FL 32792		
TITLE MGRM <input type="checkbox"/> Delete NAME DUKE, ALLAN O STREET ADDRESS 709 EXECUTIVE DRIVE CITY-ST-ZIP WINTER PARK, FL 32789			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS (SAME AS ABOVE) CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete NAME DUKE, THERESA M STREET ADDRESS 709 EXECUTIVE DRIVE CITY-ST-ZIP WINTER PARK, FL 32789			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS (SAME AS ABOVE) CITY-ST-ZIP		
TITLE MGR <input type="checkbox"/> Delete NAME DUKE, ALLISON D STREET ADDRESS 709 EXECUTIVE DRIVE CITY-ST-ZIP WINTER PARK, FL 32789			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS (SAME AS ABOVE) CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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: 			3/6/08 407-740-0057 <small>Date Daytime Phone #</small>		