

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000048695

1. Entity Name

LOMA ALTA ASSOCIATES, LLC



Principal Place of Business

2950 W WINTERGREEN RD
200
LANCASTER, TX 75134

Mailing Address

P.O. BOX 886
LANCASTER, TX 75446

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0359952

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHRISTOPHER B. WALDERA, P.A.
11300 OVERSEAS HIGHWAY
MARATHON, FL 33050

**DO NOT WRITE
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 the obligations of registered agent.

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
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.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LARSEN, SANDRA K TRUSTEE
STREET ADDRESS	P.O. BOX 531
CITY-ST-ZIP	LANCASTER, TX 75146

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/08-80004-007 143.75

**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:

Louise Powers, Auth.Rep.

Louise Powers

Date

7/07/08

214-368-5264

Daytime Phone #

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