


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90464 044 ****50.00

DOCUMENT # L06000065560	
1. Entity Name ALB HOLDING, LLC	

Principal Place of Business 3438 EAST LAKE ROAD SUITE 14 PALM HARBOR, FL 34685 US	Mailing Address 3438 EAST LAKE ROAD SUITE 14 PALM HARBOR, FL 34685 US
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2. Principal Place of Business - No P.O. Box # 35246 U.S. Hwy 19 N	3. Mailing Address 35246 U.S. Highway 19 N
Suite, Apt. #, etc. # 321	Suite, Apt. #, etc. # 321

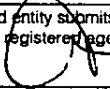
City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34684	Zip 34684
Country USA	Country USA



01102007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent JONATHAN P. KROSS, P.A. 2461 WEST HILLSBORO BLVD DEERFIELD BEACH, FL 33442	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 	DATE 3-12-7

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME BROWN, ANDREA L	
STREET ADDRESS 3438 EAST LAKE ROAD, SUITE 14	
CITY-ST-ZIP PALM HARBOR, FL 34685	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE Brown Andrea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 35246 U.S. Highway 19 N, #321	
STREET ADDRESS Palm Harbor, FL 34684	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 3-17-7 DAYTIME PHONE # 727-641-7858