2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000070950

1. Entity Name
ALDERMAN CENTER, LLC

Principal Place of Business	Mailing Address
1709 SILVER STAR ROAD ORLANDO, FL 32804 US	1709 SILVER STAR ROAD ORLANDO, FL 32804 US

DO NOT WRITE IN THIS SPACE

07072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-5212909	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

---

6. Name and Address of Current Registered Agent

PARK, IL SANG
1709 SILVER STAR ROAD
ORLANDO, FL 32804

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	MGR
NAME	PARK, IL SANG
STREET ADDRESS	1709 SILVER STAR ROAD
CITY-ST-ZIP	ORLANDO, FL 32804

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954854
07/14/08-80017-023 138.75

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: X _____   X 7-8-08   4072936426

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