2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2007 8:00 am Secretary of State

DOCUMENT # L06000074604 1. Entity Name ALTERNATIVES, LLC						03-13-2007 90119 045 ****55.00			
Principal Place 823 VASSAR ORLANDO, FI	STREET	Mailing Address 823 VASSAR STREET ORLANDO, FL 32804	US	-	1 18861811 8			IID 18 1 Ht 1 98 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FELNumb	°5550444	1	Applied For Not Applicable		
Zip	Country	Zip	Count	try		of Status Desired	\$5.00 Ar Fee Requir		
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	egistered Agent		
				Name					
ESQUINALDO, JOSEPH T JR. 823 VASSAR STREET ORLANDO, FL 32804				Street Address	(P.O. Box Number is Not Acceptable)				
0,12,,120	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
				City			FL Zip Co	de	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its re	egistere	ed office or regist	ered agent, or bo	th, in the State of Flo	rida. I am familiar with	n, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered	d Agent signature requi	red when reinstating)		DATE		
Fi Di	iling Fee is \$50.00 ue by May 1, 2007			**			e check payable to Department of Sta	ite	
Fi Di	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.			Florida	Department of Sta	ite	
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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 his report as required by Chapter 608, Florida Statutes.