## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 07, 2008 8:00 am Secretary of State

321-251-6296

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DOCUMENT # L06000074604  1. Entity Name ALTERNATIVES, LLC						niru	04-07-2008	90223 03	3 ***143	.75	
Principa	al Place	e of Business	Mailing Address			000	12262				
823 VASSAR STREET ORLANDO, FL 32804 US			823 VASSAR STREET ORLANDO, FL 32804 US								
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2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04032008	Chg-LLC	CR2E08	3 (12/06)		
City & State			City & State			4. FEI Number Applied For 20-5550444 Not Applicable					
Zip		Country	Zip	Country			of Status Desired		5.00 Add	itional	
		6. Name and Address of Current	Registered Agent	<del>-</del>		7. Name and	Address of New F	Registered A	gent		
ESQUINALDO, JOSEPH T JR.								<b></b>	<u> </u>	a.	
823 V	ASS/	AR STREET		Street Ac	ddress (I	P.O. Box Numbe	r is Not Acceptabl	e)			
ORLANDO, FL 32804											
						FL Zip Code					
		named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or	register	ed agent, or bot	h, in the State of Fl	orida. I am fa	amiliar with,	and accept	
SIGNA	TURE _										
		Signature, typed or printed name of registered agen	t and title if applicable.— (NOTE: I	Registered Agent signatu	re required	when reinstating)		DATE			
		•									
Afte	FILE r May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.7	5					ke check pa la Departme		°.	
Afte	FILE r May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.7		10.			Florid	a Departme		3	
9.	FILE r May	1, 2008 Fee will be \$538.7	ERS/MANAGERS				Florid		ont of State		
9.	FILE r May	MANAGING MEMB		10. TITLE NAME			Florid	a Departme		Addition	
9.	r May	1, 2008 Fee will be \$538.7	ERS/MANAGERS	TITLE			Florid	a Departme	ont of State		
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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 useful empowered to explain the proof of 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 useful empowered to explain the proof of the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver or useful empowered to explain the limited liability company or the receiver of the limited liability company or the receiver or useful empowered to explain the liability or useful empowered to explain the liability or useful empowered the liability or useful empowered to explain the liability or usef