


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90112 007 ***138.75

DOCUMENT # L06000076142

1. Entity Name
ALOHA MEDIA GROUP, LLC



Principal Place of Business
**940 WEST OAKLAND AVE
 SUITE A-7
 OAKLAND, FL 34787 US**

Mailing Address
**940 WEST OAKLAND AVE
 SUITE A-7
 OAKLAND, FL 34787 US**

50003494 20-5436253

2. Principal Place of Business - No P.O. Box #
990 W. HIGHWAY 50

3. Mailing Address
990 W. HIGHWAY 50


Suite, Apt. #, etc.
101

City & State
CLERMONT, FLA

City & State
CLERMONT, FLA

Zip
34711

Country
USA



04102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5436216

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KAUFFMAN, SCOTT
 940 WEST OAKLAND AVE
 SUITE A-7
 OAKLAND, FL 34787**

7. Name and Address of New Registered Agent

Name
SCOTT KAUFFMAN

Street Address (P.O. Box Number is Not Acceptable)
990 W. HIGHWAY 50, SUITE 101

City
CLERMONT, FL Zip Code **34711**

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: *Scott Kauffman* DATE: **4/11/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAUFFMAN, SCOTT 940 WEST OAKLAND AVE, STE A-7 OAKLAND, FL 34787	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT KAUFFMAN 990 W. HIGHWAY 50, SUITE 101 CLERMONT, FL. 34711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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: *Scott Kauffman* **SCOTT KAUFFMAN** DATE: **4/11/08** Daytime Phone #: **352243-4200**

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