


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2008 90112 006 ***138.75

DOCUMENT # L06000076148	
1. Entity Name ALOHA REALTY 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
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50003495

2. Principal Place of Business - No P.O. Box # 990 W. HIGHWAY 50	3. Mailing Address 990 W. HIGHWAY 50
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101

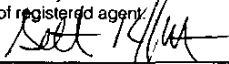


City & State CLERMONT, FLA.	City & State CLERMONT, FLA.
Zip 34711	Country USA

04102008 Chg-LLC CR2E083 (12/06)

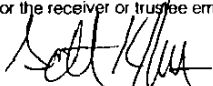
6. Name and Address of Current Registered Agent KAUFFMAN, SCOTT 940 WEST OAKLAND AVE SUITE A-7 OAKLAND, FL 34787	
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7. Name and Address of New Registered Agent Name SCOTT KAUFFMAN Street Address (P.O. Box Number is Not Acceptable) 990 W. HIGHWAY 50, SUITE 101 City CLERMONT FL Zip Code 34711	
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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 4/11/08
(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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	MGRM SCOTT KAUFFMAN 990 W. HIGHWAY 50, SUITE 101 CLERMONT, FLA 34711 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE:  SCOTT KAUFFMAN	DATE 4/11/08 DAYTIME PHONE 352-243-4200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	