

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

47

04-25-2007 90046 018 \*\*\*\*55.00

<b>DOCUMENT # L06000080154</b> 1. Entity Name <b>ALLEY MAN, LLC</b>																																																																																																																																			
Principal Place of Business 1720 W 60TH STREET, SUITE 3 HIALEAH, FL 33012			Mailing Address 1720 W 60TH STREET SUITE 3 HIALEAH, FL 33012																																																																																																																																
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																																																																
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																																																																
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4. FEI Number <b>20-5719192</b>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																															
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent																																																																																																																															
7. Name and Address of New Registered Agent				Name																																																																																																																															
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)																																																																																																																															
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Zip Code				Zip Code																																																																																																																															
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agents signature required when renewing)</small>																																																																																																																																			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RICART, JOSHUA A</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1720 W 60TH STREET, SUITE 3</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>HIALEAH, FL 33012</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>VASQUEZ, JORGE</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7040 NW 174TH TERRACE, APT. 102</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33015</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>SOTELO, JASSER</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5123 NW 196TH LANE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>MIAMI, FL 33055</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RICART, JOSHUA A		NAME			STREET ADDRESS	1720 W 60TH STREET, SUITE 3		STREET ADDRESS			CITY-STATE-ZIP	HIALEAH, FL 33012		CITY-STATE-ZIP			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	VASQUEZ, JORGE		NAME			STREET ADDRESS	7040 NW 174TH TERRACE, APT. 102		STREET ADDRESS			CITY-STATE-ZIP	MIAMI, FL 33015		CITY-STATE-ZIP			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	SOTELO, JASSER		NAME			STREET ADDRESS	5123 NW 196TH LANE		STREET ADDRESS			CITY-STATE-ZIP	MIAMI, FL 33055		CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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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.																																																																																																																																			
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