## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 27, 2007 8:00 am Secretary of State

DOCUMENT # L06000081207  1. Entity Name ALOHA MAUI HOLDINGS, LLC								02-05-2001	7 90198	023 ***	*50.00	
Principal Place 201 ALHAMBI CORAL GABLE	RA CIRCLE,	STE. 601	Mailing Address 201 ALHAMBRA CIRCLE, STE. 601 CORAL GABLES, FL 33134				a läänäii A	. · · · · · · · · · · · · · · · · · · ·				
2. Principal Pla	ace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite. Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			012007	Chg-LLC	CR2E0	83 (12/06)		
City & State			City & State			4. !	El Numb	538131	5.	<del></del>	optied For ot Applicable	
Zip		Country Zip		Cour	ntry		5. Certificate of Status Desired  \$5.00 Additional Fee Required					
	6. Name	and Address of Current	t Registered Agent	egistered Agent Name			7. Name and Address of New Registered Agent					
ABRAMS, REBECCA L ESQ C/O FIELDSTONE LESTER SHEAR & DENBERG, LLP 201 ALHAMBRA CIRCLE, SUITE 601					Street Address (P.O. Box Number is Not Acceptable)							
201 ALHAN CORAL GA	MBRA CII MBLES, F	RCLE, SUITE 601 L <sub>2</sub> 33134									-	
·									FL	Zip Cod	e	
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 acceptable of the obligations of construct											and accept	
the obligations of registered agent.												
SIGNATURE Squelure, typod or privided inserve of registered agent and talls of applicable. (INDTE Registered Agent arginuture required when rematating) DATE												
Fil	ing Fee	) 18 \$50.00 y 1, 2007							check partme	nyable to ant of Stat	•	
9.		MANAGING MEMB	ERS/MANAGERS	10.				ADDITIONS/	CHANGES			
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further carrify 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Date  Design  D												