


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000081207		
1. Entity Name ALOHA MAUI HOLDINGS, LLC		

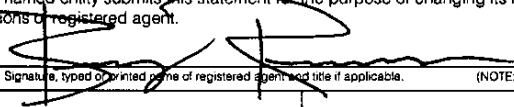
Principal Place of Business 123 ALTON ROAD MIAMI BEACH, FL 33139	Mailing Address 123 ALTON ROAD MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # 755 41street	3. Mailing Address 755 41street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami Beach, Florida	City & State Miami Beach, Florida
Zip 33140	Zip 33140
Country USA	Country USA

6. Name and Address of Current Registered Agent ROSENBAUM, BETTY 123 ALTON ROAD MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Rosenbaum International Law Firm, PA Street Address (P.O. Box Number is Not Acceptable) c/o Betty Rosenbaum 755 41street City Miami Beach FL Zip Code 33140	
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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.

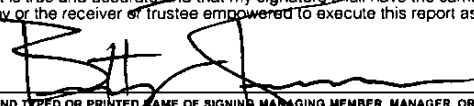
SIGNATURE  DATE 1/7/08

(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	MGR ROSENBAUM, BETTY 123 ALTON ROAD MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	602 Rosenbaum, Betty 755 41street Miami Beach, Florida 33140 <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	800115338198 <input type="checkbox"/> Addition 01/17/08--01001--013 **3663.75
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
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

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:  DATE 1/7/08 305-333-5308

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

FILED  
08 JAN 17 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5389315

Applied For  
Not Applicable

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