2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# L06000085169

Entity Name: ALRA ENTERPRISES LLC

Current Principal Place of Business:

1234 N.W. 125TH TERRACE
SUNRISE, FL 33323

New Principal Place of Business:

270 SOUTH UNIVERSITY DRIVE
270 SOUTH UNIVERSITY DRIVE, FL 33324

Current Mailing Address:

1234 N.W. 125TH TERRACE
SUNRISE, FL 33323

New Mailing Address:

270 SOUTH UNIVERSITY DRIVE
270 SOUTH UNIVERSITY DRIVE, FL 33324

FEI Number: 20-5504800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALZAMORA, CARLOS
1234 N.W. 125TH TERRACE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RADICE, GIANCARLO
Address: 1234 N.W. 125TH TERRACE
City-St-Zip: SUNRISE, FL 33323

Title: MGR ( ) Delete
Name: ALZAMORA, CARLOS
Address: 1234 N.W. 125TH TERRACE
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GIANCARLO RADICE MGR 05/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date