2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096761

Entity Name: THE ALLIED GROUP LLC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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550 BILTMORE WAY 550 BILTMORE WAY

SUITE 200 200

CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

550 BILTMORE WAY 550 BILTMORE WAY

SUITE 200 200 CORAL GABLES, FL 33134 US

FEI Number: 20-5658716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CMS INTERNATIONAL ENTERPRISES, INC. CMS INTERNATIONAL ENTERPRISES, INC.

550 BILTMORE WAY 550 BILTMORE WAY

SUITE 200 200 CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

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: CARLOS SAMLUT 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 ALONSO, CARLOS
 Name:

 Address:
 14395 SW 139 CT., SUITE 103
 Address:

Address: 14395 SW 139 CT., SUITE 103 Address: City-St-Zip: MIAMI, FL 33186 US City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 RODRIGUEZ, D ELENA
 Name:

 Address:
 7081 S.W. 47TH ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33155 US
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 RAMIREZ, LUIS M
 Name:

 Address:
 7081 SW 47TH ST.
 Address:

 City-St-Zip:
 MIAMI, FL 33155 US
 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: CARLOS ALONSO MGR 04/30/2009