

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90037 011 ***143.75

DOCUMENT # L06000107032					
1. Entity Name ALK GROUP, LLC					
Principal Place of Business 2441 STONEY GLEN DRIVE ORANGE PARK, FL 32003			Mailing Address P.O. BOX 9449 FLEMING ISLAND, FL 32006		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address → SAME			
Suite, Apt. #, etc. 2219 COUNTY ROAD 220		Suite, Apt. #, etc. STE #317		01152008 Chg-LLC CR2E083 (12/06)	
City & State MIDDLEBURG, FL		City & State		4. FEI Number 20-5818227	
Zip 32068		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICE, ARLETTE R 2441 STONEY GLEN DRIVE ORANGE PARK, FL 32003			7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable): 2219 COUNTY ROAD 220 STE #317 City: MIDDLEBURG, FL Zip Code: 32068		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRICE, ARLETTE R 2441 STONEY GLEN DRIVE ORANGE PARK, FL 32003		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME 2219 COUNTY ROAD 220 STE #317 MIDDLEBURG, FL 32068	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			MGRM 2-20-08 (904) 868-0406 <small>Date Daytime Phone #</small>		

ARLETTE PRICE