2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 06, 2008 8:00 am Secretary of State **DOCUMENT # L07000000746** 03-06-2008 90249 046 ***138.75 ALKO L.L.C. Principal Place of Business Mailing Address 1809 GRANVILLE LANE 1809 GRANVILLE LANE SUN CITY CENTER, FL 33573 SUN CITY CENTER, FL 33573 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For <u>56 - </u>863833 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama MARENOVIC, ELAINE Street Address (P.O. Box Number is Not Acceptable) 1809 GRANVILLE LANE SUN CITY CENTER, FL 33573 City 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 tamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tible if applicable. (NOTE: Registered Agent signature required when reinstaling 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 MGR TITLE DILE Delete Change ☐ Addition MARENOVIC, ELAINE NAME NAME STREET ADDRESS 1809 GRANVILLE LANE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-70P TILE Delete 100 ☐ Change ■ Addition NAME MARENOVIC, MICHAEL E NAME STREET ADDRESS 1809 GRANVILLE LANE STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER, FL 33573 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete DILE ☐ Change ☐ Add₁tion NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP NILE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE Delete DDE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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.

JRE: Sand Morandia Etaine Ma SIGNATURE AND TYPED OR PRINTED HAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE