

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025131

Entity Name: INDIGO PALMS, LLC

FILED
Sep 02, 2008
Secretary of State

Current Principal Place of Business:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030 US

New Principal Place of Business:

Current Mailing Address:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

ROSS, BRIAN M ESQ.
11309 COUNTRYWAY BOULEVARD
SUITE 105
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

ROSS, BRIAN M ESQ.
12027 WHITMARSH LANE
TAMPA, FL 33626 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:

09/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLIANCE FOUNDATION, OF FLORIDA, IN C .
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030 US

Title: MGR () Delete
Name: HOSTLER, ROBERT P
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030 US

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: ROBERT P HOSTLER

PRES

09/02/2008

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