

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000073447

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** INDIGO PALMS AT ASTORIA GARDENS, LLC

**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:** 26-0539793      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

ROSS, BRIAN M ESQ.  
5010 W. CARMEN STREET  
SUITE 2602  
TAMPA, FL 33609 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:** MGRM  
**Name:** ALLIANCE FOUNDATION OF FLORIDA, INC.  
**Address:** 10387 MAIN STREET; SUITE 200  
**City-St-Zip:** FAIRFAX, VA 22030

I hereby 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: ALLIANCE FOUNDATION OF FLORIDA, INC      MGRM      04/28/2011

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