2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085071

Entity Name: ALINOUR CONNECTION LLC

4941 BELL THORN DR

ORLANDO, FL 32837 US

Address:

City-St-Zip:

FILED Mar 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11002 YORKSHIRE RIDGE CT ORLANDO, FL 32837 US **Current Mailing Address: New Mailing Address:** 11002 YORKSHIRE RIDGE CT ORLANDO, FL 32837 FEI Number: 80-0260639 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: LATIKI, NOUREDDINE 11002 YORKSHIRE RIDE CT ORLANDO, FL 32837 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MOUSTAADER, ALI PDT Name: Name: Address: 4941 BELL THORN DR Address: City-St-Zip: ORLANDO, FL 32837 US City-St-Zip: Title: () Delete Title: () Change () Addition LATIKI, NOUREEDINE VPDT Name: Name: Address: 11002 YORKSHIRE RIDE CT Address: City-St-Zip: ORLANDO, FL 32837 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition JAAWANI, NADIA MGR Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ALI MOUSTAADER PDT 03/05/2009