

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106524

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** ALTERNATIVE INVESTMENT STRATEGIES, LLC

**Current Principal Place of Business:**

5901 SUN BLVD.  
STE. 205  
ST. PETERSBURG, FL 33715

**New Principal Place of Business:**

**Current Mailing Address:**

5901 SUN BLVD.  
STE. 205  
ST. PETERSBURG, FL 33715

**New Mailing Address:**

**FEI Number:** 27-1260963      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MASON, KATRINA B  
5901 SUN BLVD.  
STE. 205  
ST. PETERSBURG, FL 33715 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:** MASON, KATRINA B  
**Address:** 5901 SUN BLVD., STE. 205  
**City-St-Zip:** ST. PETERSBURG, FL 33715

**Title:** MGRM  
**Name:** MASON, CHARLES T  
**Address:** 5901 SUN BLVD., STE. 205  
**City-St-Zip:** ST. PETERSBURG, FL 33715

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: KATRINA MASON

MGRM

04/12/2010

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