2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008
Secretary of State

DOCUMENT# M05000003953

Entity Name: ALA GP LLC

Current Principal Place of Business:

2700 POST OAK BLVD., SUITE 1800
HOUSTON, TX 77056

New Principal Place of Business:

Current Mailing Address:

2700 POST OAK BLVD., SUITE 1800
HOUSTON, TX 77056

New Mailing Address:

FEI Number: 73-1658235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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:	MGR	( ) Delete
Name:	GRAFF, MICHAEL	
Address:	2700 POST OAK BLVD., SUITE 1800	
City-St-Zip:	HOUSTON, TX 77056	
Title:	MGR	( ) Delete
Name:	DENNEY, KIMBERLY	
Address:	2700 POST OAK BLVD., SUITE 1800	
City-St-Zip:	HOUSTON, TX 77056	
Title:	MGR	( ) Delete
Name:	VENET, FRANCOIS	
Address:	2700 POST OAK BLVD., SUITE 1800	
City-St-Zip:	HOUSTON, TX 77056	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MICHAEL GRAFF MGR 05/07/2008

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