

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2008 NOV 26 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # M06000000023					
1. Entity Name ALLETE PROPERTIES, LLC					
Principal Place of Business 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916			Mailing Address 4315 METRO PARKWAY SUITE 500 FORT MYERS, FL 33916		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 41-1871726	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NATIELLO, JOHN 4315 METRO PARKWAY SUITE 500 FT. MYERS, FL 33916			7. Name and Address of New Registered Agent Name ROTH, JEFFREY H. Street Address (P.O. Box Number is Not Acceptable) 4315 METRO PARKWAY SUITE 500 City FORT MYERS FL Zip Code 33916		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		Jeffrey H. Roth, Sr. VP		DATE 11/2/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLQUIST, LAURA A 4315 METRO PARKWAY, SUITE 500 FT. MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 000138239350 11/24/08--01061--007 **50.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON, WILLIAM I ONE CORPORATE DR., STE 3A PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NATIELLO, JOHN A 4315 METRO PARKWAY, SUITE 500 FT. MYERS, FL 33916 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMBERG, DEBORAH A 30 WEST SUPERIOR STREET DULUTH, MN 55802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUGHES, HEIDI 4315 METRO PRKWY STE 500 FORT MYERS, FL 33916 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROTH, JEFFREY H 4315 METRO PKWY STE 500 FORT MYERS, FL 33916 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:		Jeffrey H. Roth, Mgr.		239-333-3300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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DOCUMENT # M06000000023 Continued

1. Entity Name

ALLETE PROPERTIES, LLC

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOBER, MARK A. 30 WEST SUPERIOR STREET DULUTH, MN 55802 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTERLINE, JAMES D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 202 CENTREPORT DRIVE, SUITE 140 GREENSBORO, NC 27409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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