

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000742

FILED  
Jan 19, 2008  
Secretary of State

Entity Name: ALAMANDA PROPERTIES, LLC

**Current Principal Place of Business:**

8076 MEADOW BEND LANE  
INDIANAPOLIS, IN 46259

**New Principal Place of Business:**

**Current Mailing Address:**

8076 MEADOW BEND LANE  
INDIANAPOLIS, IN 46259

**New Mailing Address:**

FEI Number: 20-4045361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COMBS, KEN  
7502 FAIRLINKS COURT  
SARASOTA, FL 34243 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 ( ) Delete  
Name: S & L BRYAN TRUST U, A DTD 11/1/199 8  
Address: 8076 MEADOW BEND LANE  
City-St-Zip: INDIANAPOLIS, IN 46259

Title: MGRM ( ) Delete  
Name: BRYAN, STANTON T TRUSTEE  
Address: 8076 MEADOW BEND LANE  
City-St-Zip: INDIANAPOLIS, IN 46259

Title: MGRM ( ) Delete  
Name: BRYAN, LAURA ANN TRUSTEE  
Address: 8076 MEADOW BEND LANE  
City-St-Zip: INDIANAPOLIS, IN 46259

Title: MGRM ( ) Delete  
Name: FLEMING, ANN LYNN  
Address: 9016 BILLINGSGATE PLACE  
City-St-Zip: LOUISVILLE, KY 40242

**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:

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: LAURA ANN BRYAN

MGRM

01/19/2008

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