2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2008 08:00 AN Secretary of State

ANNUAL REPORT				, Deci	iciary or su
DOCUMENT # L05000002908					
	ALTY PROS, LLC				
Principal Plac	ce of Business	Mailing Address	<u> </u>		
7730 W. BOYNTON BEACH BLVD., STE 1 BOYNTON BEACH, FL 33437 US 7730 W. BOYNTON BEACH BL BOYNTON BEACH, FL 33437					
DO NOT WRITE IN THIS SPA					(C5; 111 (A01)01 (A1)05 (1)01 01011 5;
			CF		R2E083 (12/07)
			OL.	4. FEI Number 20-2331955	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			ļ	DO NOT WRIT	ΓΕ
			IN THIS SPACE		
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. It am familiar with, and accept					
the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9.	MANAGING MEMBE	RS/MANAGERS			
TITLE NAME	MGRM WEIN-SIMON, DÉBRA				
STREET ADDRESS	7730 W. BOYNTON BEACH BLV	'D., STE 1		(100000010)	
CITY-ST-ZIP	BOYNTON BEACH, FL 33437			0000009424 05/29/08-8001	
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STHEET ADDRESS CITY-ST-ZIP					
TITLE					
NAME STREET ADDRESS				DO NOT WOL	r r <u>. </u>
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TITLE NAME				IN THIS SPAC	E
STREET ADDRESS					
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CITY-ST-ZIP		····			
TITLE	1				

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS CITY+ST-ZIP

4/28/08

631.589.8080

Daytime Phone #