


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000873	
1. Entity Name ALTES, LLC	

Principal Place of Business 5901 BROKEN SOUND PARKWAY SUITE 310 BOCA RATON, FL 33487	Mailing Address 5901 BROKEN SOUND PARKWAY SUITE 310 BOCA RATON, FL 33487
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07142006No Chg-LLC CR2E083 (11/05)

4. FEI Number 94-3346927	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

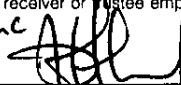
Filing Fee is \$50.00
 Due by September 6, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALROD, ROBERT H 5901 BROKEN SOUND PARKWAY, SUITE 310 BOCA RATON, FL 33487
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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: *ALTES LLC*  ROBERT ALROD MGR + PRESIDENT July 17/06 561-241-4511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #