

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000000947

1. Entity Name
ALTORFER FLORIDA, LLC



Principal Place of Business
603 N. MAIN STREET
EAST PEORIA, IL 61611

Mailing Address
603 N. MAIN STREET
EAST PEORIA, IL 61611



02102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
32-0046706

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 32301-2525

**DO NOT WRITE
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. I 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 rehashing)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

U000000279420
03/28/05-80065-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALTORFER, DANIEL J
603 N. MAIN STREET
EAST PEORIA, IL 61611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALTORFER, ROBERT C
603 N. MAIN STREET
EAST PEORIA, IL 61611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALTORFER, DAVID W
603 N. MAIN STREET
EAST PEORIA, IL 61611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/05

Date

309-699-7271

Daytime Phone #