

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2006 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**



03232006 No Chg-LLC

CRZE083 (11/05)

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 reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

000000483233
04/11/06-80110-010 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 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.

Daniel J. Altorfer, Managing Member

SIGNATURE: _____

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

3/23/06

Date

309-699-7271

Daytime Phone #