


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000000044 1. Entity Name ALTAMODA LLC	
---	---

Principal Place of Business 6701 NOB HILL RD., SUITE 100 TAMARAC, FL 33332	Mailing Address 6701 NOB HILL RD., SUITE 100 TAMARAC, FL 33332
--	--

DO NOT WRITE IN THIS SPACE



07252008 No Chg-LLC CR2E083 (11/05)

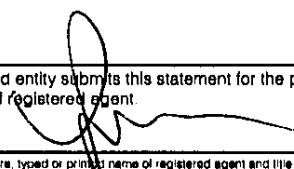
4. FEI Number 65-0976517	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GUSKY, LESLIE S
6701 NOB HILL RD., SUITE 100
TAMARAC, FL 33332**

**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  DATE **07/28/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 8, 2006**

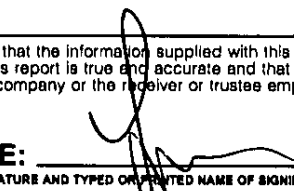
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSKY, LESLIE S 6701 NOB HILL RD., SUITE 100 TAMARAC, FL 33332
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**

U00000572989
08/01/06-80008-018 50.00

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:  DATE **07/28/2006**

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

Date Daytime Phone #