2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000004331

1. Entity Name
ALLIANT EQUITY INVESTMENTS, LLC

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH, FL 33480	340 ROYAL POINCIANA WAY SUITE 305 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

03242008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
95-4814777	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ.
1205 MANATEE AVE. W.
BRADENTON, FL 34205

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

FILE NOW!!! FEE IS $138.75 .
After May 1, 2008 Fee will be $538.75

U00000932586
05/22/08-80060-018 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BROWN, MICHAEL D
STREET ADDRESS	21600 OXNARD ST, # 1200
CITY-ST-ZIP	WOODLAND HILLS, CA 91367
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

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: _____

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