


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008 8:00 am
Secretary of State

04-08-2008 90042 024 ***138.75

DOCUMENT # L00000004373
 1. Entity Name
 ALTUS ASSOCIATES LLC



Principal Place of Business Mailing Address
~~1934 OLD GALLOWES ROAD~~ ~~1934 OLD GALLOWES ROAD~~
~~SUITE 404~~ ~~SUITE 404~~
~~VIENNA, VA 22182~~ ~~VIENNA, VA 22182~~

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 2000 Corporate Ridge 2000 Corporate Ridge
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 165 Suite 165

City & State City & State
 McLean VA McLean, VA
 Zip Country Zip Country
 22102 Country 22102 Country

03252008 Chg-LLC CR2E083 (12/06)
 4. FEI Number Applied For
 82-0541106 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 CORPORATE CREATIONS NETWORK INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: John T. Schell III JOHN T. SCHELL III MGRM PRESIDENT 3/25/08
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
 Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHELL, JOHN T III 1934 OLD GALLOWES ROAD 200 OK VIENNA, VA 22182	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			MGRM JOHN T. SCHELL III 2000 Corporate Ridge #165 McLean VA 22102
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: John T. Schell III JOHN T. SCHELL III MGRM 3/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

703-863-6403