


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2004 8:00 am**  
**Secretary of State**

01-08-2004 90100 007 \*\*\*\*50.00

<b>DOCUMENT # L00000015844</b> 1. Entity Name <b>ALTERNATIVES IN HOUSING, LLC</b>					
Principal Place of Business <b>48 SE 1ST AVE DELRAY BEACH, FL 33444</b>			Mailing Address <b>6389 BRIDGEPORT LN LAKE WORTH, FL 33463</b>		
2. Principal Place of Business		3. Mailing Address <b>48 SE 1ST AVENUE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>DELRAY BEACH</b>		4. FEI Number <b>91-2114244</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>33444</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ROEMMELE, WARREN 6389 BRIDGEPORT LN LAKE WORTH, FL 33463</b>				7. Name and Address of New Registered Agent  <b>ROEMMELE, WARREN 48 SE 1ST AVENUE DELRAY BEACH FL 33444</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to <b>Florida Department of State</b>		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROEMMELE, WARREN 6389 BRIDGEPORT LN LAKE WORTH, FL 33463	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROEMMELE, PAUL 48 SE 1ST AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMILLAN, RICHARD 48 SE 1ST AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMILLAN, RICHARD 48 SE 1ST AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMILLAN, RICHARD 48 SE 1ST AVE DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Warren Roemmele</i>		Date: <i>1/6/2004</i>		Daytime Phone #: <i>561-278-5860</i>	