


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000000809 1. Entity Name ALTON FOOD PLAZA LLC	
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Principal Place of Business 903 ALTON ROAD MIAMI BEACH, FL 33139	Mailing Address 903 ALTON ROAD MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



08092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1014267	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CHOWDHURY, MAINUL
1140 8TH STREET
APT 3
MIAMI BEACH, FL 33139

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

000000574487
08/16/06-80003-014 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AKHANDO, ABDUL ALIM 1140 8TH STREET, APT. 3 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOWDHURY, MAINUL I 1140 8TH ST #3 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOWDHURY, MAINUL 1140 8TH ST #3 MIAMI BEACH, FL 33139
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Mainul I Chowdhury 8/11/06 786-683-5389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #