

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005399

**FILED**  
**Jul 12, 2006**  
**Secretary of State**

**Entity Name:** ALTERNATIVE DANCE STUDIO, LLC

**Current Principal Place of Business:**

3342 NE 37TH ST.  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

3342 NE 32ND ST.  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

%DAVID J FREEMAN, FERRIS BUSINESS CENTER  
220 FERRIS AVE.  
WHITE PLAINS, NY 10603

**New Mailing Address:**

%DAVID J FREEMAN  
1517 SE 2ND ST.  
FT. LAUDERDALE, FL 33301 US

**FEI Number:** 65-1111600      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FREEMAN, DAVID J ESQ.  
1517 S.E. 2ND ST.  
FT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FREEMAN, DAVID  
Address: 1517 SE 2ND ST.  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID FREEMAN

MM

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date