

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000016833

FILED
Feb 11, 2003
Secretary of State

Entity Name: ALTON DESIGN, LLC

Current Principal Place of Business:

2655 N. OCEAN DRIVE
SUITE 403
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

2655 N. OCEAN DRIVE
SUITE 403
SINGER ISLAND, FL 33404 US

New Mailing Address:

FEI Number: 65-1144183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARONE, THEODORE T JR.
180 ROYAL PALM WAY
SUITE 201
PALM BEACH, FL 33480 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/MEMBERS:

Title: MGRM () Delete
Name: TARONE, THEODORE T
Address: 2655 N. OCEAN AVENUE, SUITE 403
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: MGRM () Delete
Name: WIITA, BRUCE E
Address: 2655 N. OCEAN DRIVE, SUITE 403
City-St-Zip: SINGER ISLAND, FL 33404 US

Title: MGRM () Delete
Name: WIITA, GREGORY D
Address: 2655 N. OCEAN DRIVE, SUITE 403
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES:

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

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

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 Section 119.07(3)(i), 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: TARONE, THEODORE, T

MGRM

02/11/2003

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