

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000021581

1. Entity Name
ALTAMONTE SPRINGS ACQUISITION, LLC



Principal Place of Business
C/O BANTA PROPERTIES, INC.
4050 NE 1ST AVENUE, SUITE 118
OAKLAND PARK, FL 33334

Mailing Address
C/O BANTA PROPERTIES, INC.
P.O. BOX 24943
FORT LAUDERDALE, FL 33307

**FILED
May 07, 2008 8:00 am
Secretary of State**

05-07-2008 90021 044 ***138.75

60040057



04042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 38-3641413	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANGELO AND BANTA, P.A.
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301

**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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BANTA, GAVIN S
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307

TITLE	MGRM
NAME	BANTA, TAMARA L
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307

TITLE	MGRM
NAME	BANTA, BRADFORD C
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307

TITLE	MGRM
NAME	BANTA, CATHERINE M
STREET ADDRESS	P.O. BOX 24943
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**