

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 09, 2005 8:00 am
Secretary of State**

05-09-2005 90048 002 ****50.00

DOCUMENT # L02000023542

1. Entity Name
THE ALTER GROUP, L.L.C.



Principal Place of Business
3429 LONE EAGLE WAY
SARASOTA, FL 34241

Mailing Address
2033 MAIN STREET STE. 600
SARASOTA, FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MYERS, TROY H JR
2033 MAIN STREET STE. 600
SARASOTA, FL 34237

Name

Beverly Alter
Street Address (P.O. Box Number is Not Acceptable)
8429 Lone Eagle Way

City

FL Zip Code **34241**

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]

(Signature, typed or printed name of registered agent and title if applicable)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME MYERS, TROY H JR
STREET ADDRESS 2033 MAIN STREET STE. 600
CITY-ST-ZIP SARASOTA, FL 34237

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

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

Date

Daytime Phone #