JAN-27-03 02:10 PM ALTER.AND.ASSOCIATES 861

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Secretary of State
03-21-2003 90030 034 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000023542

J00049717

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

Principal Place of Business
2033 MAIN STREET STE. 600
SARASOTA FL 34237

Mailing Address
2033 MAIN STREET STE. 600
SARASOTA FL 34237

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: 8429 Lone Eagle Way
Suite, Apt. #, etc.
City & State: Sarasota Florida
Zip: 34241 Country: USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 16-1626804 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MYERS, TROY H JR
2033 MAIN STREET STE. 600
SARASOTA FL 34237

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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: Benny Alter owner 2/1/03 941-927-0001
Signature of managing member, manager or authorized representative / Date / Daytime Phone #