


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**


FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90032 023 ****50.00

DOCUMENT # L02000027803 1. Entity Name ALLIANT HOLDINGS OF FLORIDA, LLC	
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Principal Place of Business 340 ROYAL POINCIANA PLAZA, STE. 305 PALM BEACH, FL 33480	Mailing Address 340 ROYAL POINCIANA PLAZA, STE. 305 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01122006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1661959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAMLIN, CURTIS D ESQ.
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.
1205 MANATEE AVE. W.
BRADENTON, FL 34205**

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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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HORWITZ, SHAWN 340 ROYAL POINCLANA 305 PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

Date _____ Daytime Phone # _____