

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029547

**FILED**  
**Jan 24, 2007**  
**Secretary of State**

**Entity Name:** ALTERMAN MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

11900 BISCAYNE BLVD. STE. 292  
MIAMI, FL 33181

**New Principal Place of Business:**

6447 MIAMI LAKES DR. EAST  
SUITE 200R  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

11900 BISCAYNE BLVD. STE. 292  
MIAMI, FL 33181

**New Mailing Address:**

6447 MIAMI LAKES DR. EAST  
SUITE 200R  
MIAMI LAKES, FL 33014

**FEI Number:** 42-1570975

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BSPA CORPORATE SERVICES, INC.  
350 EAST LAS OLAS BOULEVARD, STE 1000  
FORT LAUDERDALE, FL 33301 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALTERMAN, RICHARD  
Address: 11900 BISCAYNE BLVD. STE. 292  
City-St-Zip: MIAMI, FL 33181

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ALTERMAN, RICHARD  
Address: 6447 MIAMI LAKES DR. EAST, SUITE 200R  
City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RICHARD ALTERMAN

MGR

01/24/2007

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