

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000011969

1. Entity Name
1318-30 ALTON ROAD, LLC



Principal Place of Business
9601 COLLINS AVE., #406
BAL HARBOUR, FL 33154

Mailing Address
9601 COLLINS AVE., #406
BAL HARBOUR, FL 33154



01152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0898864

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

HORNSTEIN, BRUCE ESQ
317-71ST ST.
MIAMI BEACH, FL 33141

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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	MGRM
NAME	WIGODA, EDITH
STREET ADDRESS	9601 COLLINS AVENUE #406
CITY-ST-ZIP	BAL HARBOUR, FL 33154
TITLE	MGR
NAME	EIGLARSH, DOROTHY
STREET ADDRESS	2579 MAYFAIR LANE
CITY-ST-ZIP	WESTON, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80001-014 55.00

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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] Jan 15-06

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

Date

Daytime Phone #