2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000011969

1. Entity Name
1318-30 ALTON ROAD, LLC

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

DO NOT WRITE IN THIS SPACE

01112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0898864
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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, 2007

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/07-80049-008 50.00

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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: Dorothy Eiglarsh 1/12/07 954 453 2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #