


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Jan 20, 2006 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L03000011977                  |  |
| 1. Entity Name<br>WIGODA ALTON ROAD, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>9601 COLLINS AVENUE #406<br>BAL HARBOR, FL 33154 | Mailing Address<br>9601 COLLINS AVENUE #406<br>BAL HARBOR, FL 33154 |
|---|---|



01152006No Chg-LLC

CR2E083 (11/05)

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|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>20-0918245  | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br>HORNSTEIN, BRUCE<br>317-71ST STREET<br>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, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WIGODA, GINA<br>9601 COLLINS AVENUE STE 406<br>BAL HARBOUR, FL 33154     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WIGODA, PAUL<br>9601 COLLINS AVENUE STE 406<br>BAL HARBOUR, FL 33154     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WIGODA, PATRICIA<br>9601 COLLINS AVENUE STE 406<br>BAL HARBOUR, FL 33154 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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01/25/06-80011-013 55.00

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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: *[Signature]* Jan 15-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #