2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

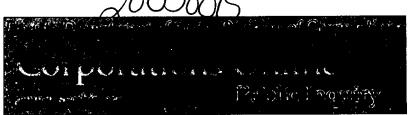
Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # L03000023874** 04-29-2005 90027 035 ****50.00 ALTÉRNATIVE PROPERTY SOLUTIONS, LLC Mailing Address Principal Place of Business 150 SOUTH PINE ISLAND ROAD 318 INDIAN TRACE SUITE 540 #508 PLANTATION, FL 33324 WESTON, FL 33326 US 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 CR2E083 (10/03) Chg-LLC 4. FEI Number Applied For City & State City & State 02-0696789 Not Applicable Zip Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKALAR, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 150 SOUTH PINE ISLAND ROAD **SUITE 540** PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE ☐ Delete TITLE Change NAME BAKALAR, MICHAEL J NAME STREET ADDRESS 150 SOUTH PINE ISLAND ROAD, SUITE 540 STREET ADDRESS CITY-ST-7IP PLANTATION, FL 33324 CITY-ST-ZIP ☐ Change ☐ Addition MGRM ☐ Delete TITLE TITLE BAKALAR, SUSAN P NAME NAME STREET ADDRESS 150 SOUTH PINE ISLAND ROAD, SUITE 540 STREET ADDRESS PLANTATION, FL 33324 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #





Florida Limited Liability

ALTERNATIVE PROPERTY SOLUTIONS, LLC

PRINCIPAL ADDRESS 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION FL 33324 US

> MAILING ADDRESS 318 INDIAN TRACE #508 WESTON FL 33326 US

Document Number L03000023874 FEI Number 020696789

Date Filed 06/30/2003

State FL Status ACTIVE Effective Date 07/01/2003

Total Contribution 0.00

Registered Agent

Name & Address

BAKALAR, MICHAEL J 150 SOUTH PINE ISLAND ROAD SUITE 540 PLANTATION FL 33324

Manager/Member Detail

Name & Address	Title
BAKALAR, MICHAEL J 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION FL 33324 US	MGRM
BAKALAR, SUSAN P 150 SOUTH PINE ISLAND ROAD, SUITE 540 PLANTATION FL 33324 US	MGRM

ATTACHMENT

20050015

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07/01/2003 -- Florida Limited Liability

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