

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90159 003 ****50.00

DOCUMENT # L03000029839

1. Entity Name

ALLIANT HOLDINGS OF REGENCY, LLC



Principal Place of Business

340 ROYAL POINCIANA WAY, STE 305
PALM BEACH, FL 33480

Mailing Address

340 ROYAL POINCIANA WAY, STE 305
PALM BEACH, FL 33480

20025248



03012005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2385345

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D ESQ
PORGES, HAMLIN, KNOWLES & PROUTY, P.A.
1205 MANATEE AVE. W.
BRADENTON, FL 34205

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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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
HORWITZ, SHAWN
21560 OXNARD STREET, SUITE 1020-
WOODLAND HILLS, CA 91367

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

340 Royal Poinciana Way, #305
Palm Beach, FL 33480

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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IN THIS SPACE**

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: _____

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

3/1/05 561-833-5795
Date Daytime Phone #