

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029841

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** ALLIANT HOLDINGS OF REDLANDS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 56-2385343

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HAMLIN, CURTIS D ESQ  
PORGES, HAMLIN, KNOWLES & PROUTY, THOMPSON  
1205 MANATEE AVENUE WEST  
BRADENTON, FL 34205 US

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.

**SIGNATURE:**

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** HORWITZ, SHAWN  
**Address:** 21550 OXNARD STREET, SUITE 1020  
**City-St-Zip:** WOODLAND HILLS, CA 91367

**ADDITIONS/CHANGES:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** HORWITZ, SHAWN  
**Address:** 340 ROYAL POINCIANA WAY, SUITE 305  
**City-St-Zip:** PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** SHAWN HORWITZ

PRES

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date