2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045263

Entity Name: ALERIANT, LLC

Address:

City-St-Zip:

FORT LAUDERDALE, FL 33309

Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6700 N ANDREWS AVE SUITE 600 FORT LAUDERDALE, FL 33309 **New Mailing Address: Current Mailing Address:** 6700 N ANDREWS AVE SUITE 600 FORT LAUDERDALE, FL 33309 FEI Number: 20-0442560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAVEZ, WALTER 6700 N ANDREWS AVE SUITE 600 FORT LAUDERDALE, FL 33309 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CHAVEZ, WALTER Name: Name: 6700 N ANDREWS AVE, SUITE 600 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PERLIN, ALVIN Name: Name: Address: 6700 N ANDREWS AVE. SUITE 600 Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MONTOYA, ANDRES Name: Name: 6700 N ANDREWS AVE, SUITE 600 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition HERNANDEZ, CARLOS Name: Name: 6700 N ANDREWS AVE, SUITE 600 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PERLIN, STUART Name: Name: 6700 N ANDREWS AVE, SUITE 600

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: WALTER CHAVEZ **MGRM** 04/27/2006