


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000054764	
1. Entity Name TOM ALTEN, LLC	

Principal Place of Business 134 NW CURRY ST. PORT ST. LUCIE FL 34983 US	Mailing Address 134 NW CURRY ST. PORT ST. LUCIE FL 34983 US
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2. Principal Place of Business - No P.O. Box # 134 N.W. Curry St Suite, Apt. #, etc.	3. Mailing Address 134 N.W. Curry St Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Port Saint Lucie, FL Zip 34983 Country U.S.A	City & State Port Saint Lucie, FL Zip 34983 Country U.S.A
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4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ALTEN, TOM 134 NW CURRY ST. PORT ST. LUCIE FL 34983	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Thomas E Alten <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	U00000719307 05/01/07-80058-019 50.00
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALTEN, TOM 134 NW CURRY ST. PORT ST. LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.	
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SIGNATURE: Thomas E Alten <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	2-407 (772) 446-7211 <small>Date Daytime Phone</small>
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