2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# L04000026512

Entity Name: ALLIANT HOLDINGS OF COMMERCE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 20-1054603 **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: P ( ) Delete
Name: HOROWITZ, SHAWN
Address: 340 ROYAL POINCIANA WAY, # 305
City-St-Zip: PALM BEACH, FL 33480

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