


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000032548</b> 1. Entity Name <b>ALLIANT INVESTMENT PARTNERS, LLC</b>	
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Principal Place of Business <b>340 ROYAL POINCIANA WAY STE. 305 PALM BEACH, FL 33480</b>	Mailing Address <b>340 ROYAL POINCIANA WAY STE. 305 PALM BEACH, FL 33480</b>
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01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>73-1710133</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>HAMLIN, CURTIS D ESQ PORGES, HAMLIN, KNOWLES &amp; PROUTY, P.A. 1205 MANATEE AVE W BRADENTON, FL 34205</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOROWITZ, SHAWN 340 ROYAL POINCIANA WAY, # 305 PALM BEACH, FL 33480
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U00000751050  
05/18/07-80087-018 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small> _____	<small>Daytime Phone #</small> _____
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