

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

03-30-2005 90159 001 ****50.00

DOCUMENT # L04000062803 1. Entity Name ALLIANT ALP 33, LLC					
Principal Place of Business 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480			Mailing Address 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		30004717 	
City & State		City & State		03012005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 20-1712104	
5. Certificate of Status Desired ☐		Applied For Not Applicable			
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HAMLIN, CURTIS D ESQ. PORGES, HAMLIN, KNOWLES & PROUTY, P.A. 1205 MANATEE AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Shawn Horwitz, President 340 Poinciana Way #305 Royal Palm Beach FL 33480		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			3-1-05 561-833-5795 Date Daytime Phone		