## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT # L05000003448

1. Entity Name

ALLIANT HOLDINGS OF SPRING HARBOR, LLC



FILED 🖖 Apr 29, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

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

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



03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-2790594		Not Applicable
5. Certificate of Status Desired	\$5.00 /	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMLIN, CURTIS D 1205 MANATEE AVENUE WEST PORGES, HAMLIN, KNOWLES & PROUTY, P.A. BRADENTON, FL. 34205

## DO NOT WRITE IN THIS SPACE

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	Signature: typed or printed name of registered agent and little it applicable	(NOTE: Registered Agent stignature required when reinstating) DATE		
FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	180000000000		
TITLE NAME STREET ADDRESS LITY ST. ZIP	P HORWIZ, SHAWN 340 ROYAL POINCIANA WAY # 305 PALM BEACH, FL 33480	U00000931973 05/22/08-80037-002 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY ST-ZIP		IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby certify that the information supplied with this filling 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 seceiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

SIGNATURE

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMORA, OR AUTHORIZED REPRESENTATIVE

Daylime Phone #