

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010786

Entity Name: ALT ENTERPRISES LLC

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

5451 NW 24TH STREET, #3
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

5451 NW 24TH STREET, #3
MARGATE, FL 33063

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICRESCENZO, ANGELA
3170 N FEDERAL HIGHWAY
103-C
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

TOMASSI, ANTHONY
2130 NE 33 ST
LIGHTHOUSE POINT, FL 33064 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: ANTHONY TOMASSI

03/07/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOMASSI, ANTHONY
Address: 4711 NE 17TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

Title: MGRM () Delete
Name: TOMASSI, LINDA
Address: 4711 NE 17TH AVENUE
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOMASSI, ANTHONY
Address: 2130 NE 33 STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: MGRM (X) Change () Addition
Name: TOMASSI, LINDA
Address: 2130 NE 33 ST
City-St-Zip: LIGHTHOUSE POINT, FL 33064

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY TOMASSI

PRES

03/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date