

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060092

FILED  
May 09, 2006  
Secretary of State

Entity Name: ALTI SD, LLC

**Current Principal Place of Business:**

1334 TIMBERLANE ROAD  
STE 6  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

1334 TIMBERLANE ROAD  
STE 6  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 20-3006524      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WEBSTER, KEVIN S  
1334 TIMBERLANE RD  
STE 6  
TALLAHASSEE, FL 32312 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALTI INC,  
Address: 1334 TIMBERLANE RD STE 6  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete  
Name: QUALITY SOLUTIONS IN, C  
Address: 7028 WHITEWATER ST  
City-St-Zip: CARLSBAD, CA 92009

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: K. SCOTT WEBSTER

MGRM

05/09/2006

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