## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000062505

1. Entity Name

ALLIANT HOLDINGS OF WEST BROADWAY, LLC



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



DO NOT WRITE IN THIS SPACE

03202008 No Chg-LLC CR2E083 (12/07)

	icate of Status Desired	 \$5.00 Additional	
4. FEI N	umber 3231481	7	Applied For Not Applicable

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

## DO NOT WRITE IN THIS SPACE

the obliga	named entity submits this statement for the purpose of changlions of registered agent.	ging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE		
FILE NOWIR FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000931504					
9.	MANAGING MEMBERS/MANAGERS	US	5722708-80017-016 138.75		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	P HORWITZ, SHAWN 340 ROYAL POINCIANA WAY # 305 PALM BEACH, FL 33480	·	, , , , , , , , , , , , , , , , , , ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-S1-ZIP					

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.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

OR AUTHORIZED REPRESENTATIVE

Oat

Daytime Phone #