2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000070372

1. Entity Name

ALLIANT HOLDINGS OF CHESTER PARK, LLC



FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE AND TYPED OR

Mailing Address

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

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



01152007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3231061				Applied For Not Applicable
			\$5.00	Additional
5. Certif	Certificate of Status Desired		Fee Rec	

DO NOT WRITE IN THIS SPACE

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

Date

Daytime Phone #

PROCENTON, TE 34203			in time of AGE		
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 title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE		
filing Fee is \$50.00 Due by May 1, 2007					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORWITZ, SHAWN 340 ROYAL POINCIANA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PALM BEACH, FL 33480		U00000751033 05/18/07-80087-011 50.00		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		T NI	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-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 hability company or the receiver or this tee empowered to execute this Teport as required by Chapter 608, Florida Statutes.					

ME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE