

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081515

FILED
Apr 21, 2009
Secretary of State

Entity Name: ALTEK DEVELOPMENT L.L.C.

Current Principal Place of Business:

260 CRANDON BLVD
SUITE 52
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

8770 SUNSET DR
463
MIAMI, FL 33173 US

New Mailing Address:

260 CRANDON BLVD
SUITE 52
KEY BISCAYNE, FL 33149 US

FEI Number: 20-3409606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUTIERREZ, EDUARDO
10300 NW 19 ST
SUITE 104
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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: ROSALES, KLEVER D
Address: 260 CRANDON BLVD - SUITE 52
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM () Delete
Name: VIVAS, ALBERT
Address: 8574 N.W. 70TH STREET
City-St-Zip: MIAMI, FL 33166 US

Title: MGRM () Delete
Name: GUTIERREZ, EDUARDO J
Address: 8601 N.W. 72TH STREET
City-St-Zip: MIAMI, FL 33166 US

ADDITIONS/CHANGES:

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

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 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: KLEVER ROSALES

MGRM

04/21/2009

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