


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L05000089581
1. Entity Name
ALLIANT NEW YORK GP, LLC



Principal Place of Business 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480	Mailing Address 340 ROYAL POINCIANA WAY, SUITE 305 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01152007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3456865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMLIN, CURTIS D
1205 MANATEE AVENUE WEST
PORGES, HAMLIN, KNOWLES, PROUTY
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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	MGR HORWITZ, SHAWN 340 ROYAL POINCIANA WAY, 305 PALM BEACH, FL 33480
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05/18/07-80096-015 50.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #