## 2007 LIMITED LIABILITY COMPANY.

## **ANNUAL REPORT** FILED Apr 23, 2007 08:00 A Secretary of State DOCUMENT # L05000108248 1. Entity Name **ALTAMONTE 26, LLC** Principal Place of Business Mailing Address 4434 N. BAY ROAD 4434 N. BAY ROAD MIAMI BEACH, FL 33180 MIAMI BEACH, FL 33180 04032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3778944 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BLODIG, GREGORY J 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309 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. + am familiar with, and accept the obligations of registered agent. **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE ABA 26 MANAGEMENT CORPORATION NAME 4434 N. BAY ROAD STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33180 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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 diceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

AUTHORIZED REPRESENTATIVE