2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L05000109990

Entity Name: ALTIAN LLC

Current Principal Place of Business:

14705 SW 63 COURT,
CORAL GABLES, FL 33158 US

New Principal Place of Business:

200 NW 165 AVE.
PEMBROKE PINES, FL 33028 US

Current Mailing Address:

14705 SW 63 COURT
CORAL GABLES, FL 33158 US

New Mailing Address:

200 NW 165 AVE.
PEMBROKE PINES, FL 33028 US

FEI Number: 20-4186559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGADO, HORACIO G
200 NW 165 AVE
PEMBROKE PINES, FL 33028 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: GARCIA, MARLENE J
Address: 14705 SW 63 COURT
City-St-Zip: CORAL GABLES, FL 33158 US

Title: MGR ( ) Delete
Name: DELGADO, HORACIO G
Address: 200 NW 165 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GARCIA, MARLENE J
Address: 200 NW 165 AVE.
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRS (X) Change ( ) Addition
Name: DELGADO, HORACIO G
Address: 200 NW 165 AVE
City-St-Zip: PEMBROKE PINES, FL 33028

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: HORACIO G. DELGADO MGRS 04/30/2009

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