

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000007245**

1. Entity Name

ALTURAS REAL PROPERTIES, LLC



Principal Place of Business

50 S.E. FOURTH AVENUE  
DELRAY BEACH, FL 33483

Mailing Address

50 S.E. FOURTH AVENUE  
DELRAY BEACH, FL 33483



02142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-4154096

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRY, MARK A  
50 S.E. FOURTH AVENUE  
DELRAY BEACH, FL 33483

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U000000833341  
02/28/08-80009-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PERRY, MARK A  
50 SE. FOURTH AVENUE  
DELRAY BEACH, FL 33483

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
AMESTOY, RICHARD B  
ROUTE #1 BOX 9855  
BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WHITHWORTH, JOHN I III  
11050 STATE ROAD 7  
BOYNTON BEACH, FL 33437

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 #

John I. Whitworth III 2-14-08 561-734-5220