

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016932

FILED
Apr 30, 2007
Secretary of State

Entity Name: ALTERNATIVE DEVELOPMENT LLC

Current Principal Place of Business:

324 SW 16TH STREET
FT. LAUDERDALE, FL 33315

New Principal Place of Business:

2515 NE 11TH COURT
FT. LAUDERDALE, FL 33304

Current Mailing Address:

324 SW 16TH STREET
FT. LAUDERDALE, FL 33315

New Mailing Address:

2515 NE 11TH COURT
FT. LAUDERDALE, FL 33304

FEI Number: 20-8147776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, WALLACE B
324 SW 16TH STREET
FT. LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

MOORE, WALLACE B
2515 NE 11TH COURT
FT. LAUDERDALE, FL 33304 US

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: WALLACE B. MOORE

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: MYERS, GORDON
Address: 12013 WANDSWORTH DRIVE
City-St-Zip: TAMPA, FL 33626

Title: PRES () Delete
Name: MOORE, WALLACE B
Address: 324 SW 16TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

ADDITIONS/CHANGES:

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

Title: PRES (X) Change () Addition
Name: MOORE, WALLACE B
Address: 2515 NE 11TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33304

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: WALLACE B. MOORE

PRES

04/30/2007

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