



**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000026756</b> 1. Entity Name <b>ALLIANT SPRINGFIELD COMMONS, LLC</b>			<b>Apr 23, 2008 08:00</b> <b>Secretary of State</b>																																
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business <b>340 ROYAL POINCIANA WAY, STE. 305 PALM BEACH, FL 33480</b></div><div>Mailing Address <b>340 ROYAL POINCIANA WAY, STE. 305 PALM BEACH, FL 33480</b></div></div>																																			
<b>DO NOT WRITE IN THIS SPACE</b>		<div style="display: flex; justify-content: space-between;"><div>03242008 No Chg-LLC</div><div>CR2E083 (12/07)</div></div> <div style="display: flex; justify-content: space-between;"><div>4. FEI Number <b>20-8295065</b></div><div>Applied For Not Applicable</div></div> <div>5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required</div>																																	
<b>6. Name and Address of Current Registered Agent</b>  <b>HAMLIN, CURTIS D ESQ. PORGES, HAMLIN, KNOWLES &amp; PROUTY, P.A. 1205 MANATEE AVENUE W. BRADENTON, FL 34205</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																	
<b>8.</b> 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.																																			
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>																																			
<b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"><small>TITLE</small></td><td><b>P</b></td></tr><tr><td><small>NAME</small></td><td><b>HORWITZ, SHAWN</b></td></tr><tr><td><small>STREET ADDRESS</small></td><td><b>340 ROYAL POINCIANA WAY SUITE 305</b></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td><b>PALM BEACH, FL 33480</b></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY - ST - ZIP</small></td><td></td></tr></table>		<small>TITLE</small>	<b>P</b>	<small>NAME</small>	<b>HORWITZ, SHAWN</b>	<small>STREET ADDRESS</small>	<b>340 ROYAL POINCIANA WAY SUITE 305</b>	<small>CITY - ST - ZIP</small>	<b>PALM BEACH, FL 33480</b>	<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY - ST - ZIP</small>		<div style="margin-bottom: 10px;"><small>000000931985</small> <b>05/22/08-90037-014 138.75</b></div> <b>DO NOT WRITE IN THIS SPACE</b>	
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<b>11.</b> 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.																																			
<div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small></div><div>Date _____</div><div>Daytime Phone # _____</div></div>																																			