2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L06000030731

Entity Name: ALTERRA DEVELOPERS GROUP, LLC

Current Principal Place of Business:

1250 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

New Principal Place of Business:

1250 E. HALLANDALE BEACH BLVD.
GROUND FLOOR EAST
HALLANDALE, FL 33009

Current Mailing Address:

1145 OYSTERWOOD ST
HOLLYWOOD, FL 33029

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCANICK, BRAM
1145 OYSTERWOOD ST
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

SCOLNICK, BRAM
1145 OYSTERWOOD ST
HOLLYWOOD, FL 33019 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: BRAM SCOLNICK 05/02/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCOLNICK, BRAM
Address: 1145 OYSTERWOOD ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete
Name: SCOLNICK, KARIN
Address: 1145 OYSTERWOOD ST
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES:

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

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

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: BRAM SCOLNICK MGRM 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date