

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

03-27-2007 90198 033 ****50.00

DOCUMENT # L06000031762 1. Entity Name ALTOS POINTE INVESTMENT LLC					
Principal Place of Business 253 SW 22ND AVENUE MIAMI, FL 33135			Mailing Address 253 SW 22ND AVENUE MIAMI, FL 33135		
2. Principal Place of Business - No P.O. Box # 1871 N.W. North River Drive		3. Mailing Address 1871 N.W. North River Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 20-4710848	
Zip 33125		Country U.S.A.		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENNEY, JUDITH ATTY 1871 N.W. NORTH RIVER DRIVE MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PASCOE, EDWARD D 253 SW 22ND AVENUE MIAMI, FL 33135	☐ Delete			
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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: _____			Date 3/22/07 305-326-0060 X 105		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Daytime Phone # _____					