

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000043725

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ALTAMONT DEVELOPMENT LLC

**Current Principal Place of Business:**

7951 SW 40 ST.  
206  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7951 SW 40 ST.  
206  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 32-0039419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLORIDA CORPORATE SERVICES, LLC  
3006 AVIATION AVENUE  
SUITE 2A  
COCONUT GROVE, FL 33133 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BPJ GROUP ASSOCIATES INC.  
Address: 7951 SW 40 ST. #206  
City-St-Zip: MIAMI, FL 33155

Title: MGRM ( ) Delete  
Name: KLEIN, KARIN A MS  
Address: 7951 SW 40 ST. # 206  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BPJ GROUP ASSOCIATES INC.  
Address: 7951 SW 40 ST. #206  
City-St-Zip: MIAMI, FL 33155

Title: MGR (X) Change ( ) Addition  
Name: KLEIN, KARIN A MS  
Address: 7951 SW 40 ST. # 206  
City-St-Zip: MIAMI, FL 33155

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: BRAULIO PEREZ

MGR

04/29/2009

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