2009 Reinstatement

5/15/2008-90076-010-$138.75-$138.75

FILED

2009 MAY -4 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~2008~~ LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000004312

1. Entity Name
ALLIANT HOLDINGS OF MEADOWVIEW, LLC

Principal Place of Business	Mailing Address
340 ROYAL POINCIANA WAY STE 305 PALM BEACH, FL 33480	340 ROYAL POINCIANA WAY STE 305 PALM BEACH, FL 33480

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

03202008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8288670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMLIN, CURTIS D 1205 MANATEE AVE WEST BRADENTON, FL 34205	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $638.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE MGRM ☐ Delete NAME Alliant Real Estate Investments, LLC STREET ADDRESS 21600 oxnard st. #1200 CITY-ST-ZIP Woodland Hills, CA 91367	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE 500155445345 NAME 05/15/08--90076--010 **138.75 STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME 500155445345 STREET ADDRESS 05/05/09--01013--008 **138.75 CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

REINSTATEMENT 05-09

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: _____
SIGNATURE, TYPED OR PRINTED NAME OF PERSON MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #