

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043111

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** ALDA & ASSOCIATES DUE DILIGENCE SERVICES, LLC

**Current Principal Place of Business:**

2300 NW CORPORATE BLVD. SUITE 123  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2300 NW CORPORATE BLVD. SUITE 123  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 26-2494538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FATER, DAVID H  
2300 NW CORPORATE BLVD. SUITE 123  
BOCA RATON, FL 33431 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: MR.  
Name: FATER, DAVID H  
Address: 15977 BRIER CREEK DRIVE, SUITE 100  
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: MR.  
Name: COHEN, RICHARD M  
Address: 2300 NW CORPORATE BLVD  
City-St-Zip: BOCA RATON, FL 33431 US

I hereby 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: DAVID H. FATER

CEO

03/13/2010

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