

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000393

1. Entity Name
ALTAMIRA, L.C.



Principal Place of Business
**2511 NE 16TH LN
BAY #2
POMPANO BEACH, FL 33064**

Mailing Address
**2511 NE 16TH LN
BAY #2
POMPANO BEACH, FL 33064**



01092004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0518799

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCLOSKEY, EDWARD F
2511 NE 16TH LN
BAY #2
POMPANO BEACH, FL 33064**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MCCLOSKEY, EDWARD F
2511 NE 16TH LN #2
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOAN MARC POAH,
2511 NE 16TH LN #2
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Edward F McCloskey

1/9/04

954.934-0099

Date

Daytime Phone #