
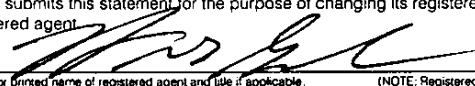
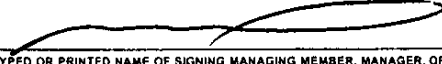


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90053 014 \*\*\*\*50.00

<b>DOCUMENT # L94000000602</b> 1. Entity Name ALTAMONTE APARTMENT ENTERPRISES, L.C.					
Principal Place of Business 500 SABAL PALM CIRCLE ALTAMONTE SPRINGS, FL 32701			Mailing Address 4221 N. BUFFALO ST. BUSINESS DEPT ORCHARD PARK, NY 14127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02062006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		4. FEI Number 59-3277058	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GACIOCH, WILLIAM T 950 MONTGOMERY RD. ALTAMONTE SPRINGS, FL 32714			Name GACIOCH, WILLIAM T		
			Street Address (P.O. Box Number is Not Acceptable) 15101 QUAILS BLUFF CIRCLE		
			City LAKE WALES    FL    Zip Code 33853		
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 4/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, WILLIAM T 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, DAVID W 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GACIOCH, MICHAEL T 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNON, KATHERINE A 4221 NORTH BUFFALO STREET ORCHARD PARK, NY 14127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 606, Florida Statutes.					
SIGNATURE:  DATE 4/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

Michael T. Gacioch