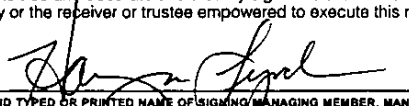


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90311 040 ***138.75

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| | | | | | |
|--|--|---|---|---|--|
| DOCUMENT # M06000001353 1. Entity Name ALTAMONTE PARTNERS HOLDINGS, LLC | | | |  | |
| Principal Place of Business 887 EAST ALTA MONTE DR ALTAMONTE SPRINGS, FL 32701 | | | Mailing Address 1901 6TH AVE NORTH SUITE 2001 BIRMINGHAM, AL 35203 | | |
| 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 | 03262008 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-4230669 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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. | | | FL Zip Code | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LYNCH, HARRY M 1901 6TH AVE NORTH SUITE 2001 BIRMINGHAM, AL 35203 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2 North 20th St, Suite 1700 Birmingham AL 35203 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COB BROOKE, WILLIAM W 1901 6TH AVE NORTH SUITE 2001 BIRMINGHAM, AL 35203 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2 North 20th St, Suite 1700 Birmingham AL 35203 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP WILLIAMS, DAVID 1901 6TH AVE NORTH SUITE 2001 BIRMINGHAM, AL 35203 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2 North 20th St, Suite 1700 Birmingham, AL 35203 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP ECHODS, NANCY C 1901 6TH AVE NORTH SUITE 2001 BIRMINGHAM, AL 35203 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2 North 20th St, Suite 1700 Birmingham AL 35203 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HASSEL, ERIC 1901 6TH AVE NORTH SUITE 2001 BIRMINGHAM, AL 35205 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ERIC HASSEY 3 North 20th St, Suite 1700 Birmingham, AL 35203 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | HARRY M. LYNCH 3-27-08 205-323-2020 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |