# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 19, 2010**
**Secretary of State**

DOCUMENT# M99000001371

**Entity Name:** FELDMAN ALTAMONTE LLC

**Current Principal Place of Business:**

% M. D. CARLISLE CORP. OF FLORIDA
352 PARK AVE SOUTH
NEW YORKARK, NY 10010

**New Principal Place of Business:**

M. D. CARLISLE CORP. OF FLORIDA
352 PARK AVE SOUTH
NEW YORKARK, NY 10010

**Current Mailing Address:**

% M. D. CARLISLE CORP. OF FLORIDA
352 PARK AVE SOUTH
NEW YORKARK, NY 10010

**New Mailing Address:**

M. D. CARLISLE CORP. OF FLORIDA
352 PARK AVE SOUTH
NEW YORKARK, NY 10010

**FEI Number: 22-3675789** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

M.D. CARLISLE CORP. OF FLORIDA
1701 LEE ROAD
STE A
WINTER PARK, FL 32789 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: MGRM
Name: FELDMAN, HARRY
Address: 352 AVE SOUTH
City-St-Zip: NEW YORK, NY 10010

Title: MGRM
Name: M. D. CARLISLE CORP. OF FLORIDA
Address: 352 AVE SOUTH
City-St-Zip: NEW YORK, NY 10010

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 Statues.

SIGNATURE: MITRA SAMADANI AREP 01/19/2010

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