

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000001371

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**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:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 Statutes.

SIGNATURE: MITRA SAMADANI

AREP

01/06/2011

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