
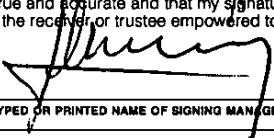


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90054 016 ****50.00

DOCUMENT # L02000011046					
1. Entity Name ALTRY, L.L.C.					
Principal Place of Business 9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156		Mailing Address 9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02172005 Chg-LLC CR2E083 (10/03) 04-3664101	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUZMAN, MARIO I 9120 S DADELAND BLVD STE 1504 MIAMI, FL 33156			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEMAN, FERNANDO I		NAME		
STREET ADDRESS	PARCJA 3750 PB C		STREET ADDRESS		
CITY-ST-ZIP	CAPITAL FED 1419 ARGENTINA,		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARROYO, JUAN C		NAME		
STREET ADDRESS	SARMIENTO 1586 FLOOR 1 APT. C		STREET ADDRESS		
CITY-ST-ZIP	CAPITAL FED 1042 ARGENTINA,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	EDUARDO JOSE SCARDINO	
STREET ADDRESS			STREET ADDRESS	CUENCA 4498 Floor 5 apt A	
CITY-ST-ZIP			CITY-ST-ZIP	CAP. FEDERAL 1419 ARGENTINA	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		FERNANDO ALEMAN MGRM		2-28-05 305-670-1991	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					