

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90305 038 \*\*\*\*50.00

60029113



02192007 Chg-LLC CR2E083 (12/06)

|  |                                      |   |   |  |  |
|--|--------------------------------------|---|---|--|--|
| <b>DOCUMENT # L02000011046</b>   |                                      |   |   |  |  |
| 1. Entity Name<br>ALTRY, L.L.C.  |                                      |   |   |  |  |
| Principal Place of Business<br>9130 S. DADELAND BLVD<br>SUITE 1600<br>MIAMI, FL 33156  |                                      |   | Mailing Address<br>9130 S. DADELAND BLVD<br>SUITE 1600<br>MIAMI, FL 33156   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                      | 3. Mailing Address                                |   |  |  |
| Suite, Apt. #, etc.  |                                      | Suite, Apt. #, etc.                               |   |  |  |
| City & State   |                                      | City & State                                      |   | 4. FEI Number<br>04-3664101  |  |
| Zip  |                                      | Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| Applied For  |                                      | Not Applicable                                    |   |  |  |
| 6. Name and Address of Current Registered Agent  |                                      |   | 7. Name and Address of New Registered Agent   |  |  |
| GUZMAN, MARIO I<br>9120 S DADELAND BLVD STE 1504<br>MIAMI, FL 33156  |                                      |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>9130 S. DADELAND BLVD, STE # 1600<br>City<br>MIAMI FL Zip Code<br>33156 |  |  |
| 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, 2007   |                                      | 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 type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME   | SCARDINA, EDUARDO J                  | NAME  | SCARDINA, EDUARDO J.  |  |  |
| STREET ADDRESS   | CUENCA 4498 FLOOR 5 APT A            | STREET ADDRESS                                    | CUENCA 4498 FLOOR 5 APT. A  |  |  |
| CITY-ST-ZIP  | CAPITAL FEDERAL, ARGENTINA, 1419     | CITY-ST-ZIP                                       | CAP. FED. ARGENTINA, 1419   |  |  |
| 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 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: <u>Eduberto Scardino</u> EDUARDO SCARDINA - MGRM  |                                      | Date: 03-05-07                                    |   | Daytime Phone #: (305) 670-1991  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |                                      |   |   |  |  |