

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000021478**

1. Entity Name  
**ALTOS DE MIAMI, L.L.C.**



Principal Place of Business

**2600 SOUTHWEST THIRD AVENUE, SUITE 730  
MIAMI, FL 33129**

Mailing Address

**2600 SOUTHWEST THIRD AVENUE, SUITE 730  
MIAMI, FL 33129**

**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**52-2384463**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GUZMAN, MARIO  
8130 S DADELAND BLVD STE 1504  
MIAMI, FL 33156**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	B MANAGEMENT SERVICES CORP.
STREET ADDRESS	2600 SW 3RD AVE STE 730
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000456010  
03/16/06-80012-010 55.00

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IN THIS SPACE**

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 executor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03/01/06 (305) 859-9787  
Date Daytime Phone #