

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000021478**  
 1. Entity Name  
**ALTOS DE MIAMI, L.L.C.**



Principal Place of Business      Mailing Address  
**2600 SOUTHWEST THIRD AVENUE, SUITE 730**      **2600 SOUTHWEST THIRD AVENUE, SUITE 730**  
**MIAMI, FL 33129**      **MIAMI, FL 33129**

**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>52-2384463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUZMAN, MARIO**  
**8130 S DADELAND BLVD STE 1504**  
**MIAMI, FL 33156**

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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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>B MANAGEMENT SERVICES CORP.</b> <b>2600 SW 3RD AVE STE 730</b> <b>MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000748238  
 05/17/07-80058-019 55.00

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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: B Management Services Corp.**      **04/26/07 (305) 559 9777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #