


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90325 012 ***138.75

DOCUMENT # L05000121466

1. Entity Name
MONTEALLEGRE, LLC



Principal Place of Business Mailing Address
21601 SW 154 AVENUE **21601 SW 154 AVENUE**
MIAMI, FL 33170 **MIAMI, FL 33170**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
13221 SW 216 Terrace **13221 SW 216 Terr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **MIAMI, Florida** City & State **Miami, FL**

Zip **33170** Country **USA** Zip **33170** Country **USA**



03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3826592** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
DUARTE, ELENA
21601 SW 154 AVENUE
MIAMI, FL 33170

7. Name and Address of New Registered Agent
 Name **Elena Duarte**
 Street Address (P.O. Box Number is Not Acceptable)
13221 SW 216 Terr.
 City **Miami** **FL** Zip Code **33170**

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.

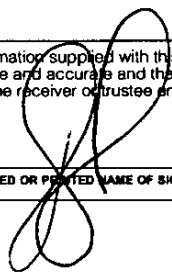
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUARTE, PETER 21601 SW 154 AVENUE MIAMI, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PETER DUARTE 13221 SW 216 Terr Miami, FL. 33170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUBLEY, GROVER 21601 SW 154 AVENUE MIAMI, FL 33170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GROVER HUBLEY 13221 SW 216 Terr Miami, FL. 33170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VINAS, ROBERTO 21601 SW 154 AVENUE MIAMI, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBERTO VINAS 13221 SW 216 Terr Miami, FL. 33170 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **4/18/08 305-2451090**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #