


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -2 PM 1:43

DOCUMENT # L06000025567 1. Entity Name ALYDAR LLC	
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Principal Place of Business 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131	Mailing Address 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE

	
03142008No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-5390583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL
1001 BRICKELL BAY DR.
9TH FLOOR
MIAMI, FL 33131

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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 _____

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

400130999954

06/06/08--01027--015 **2453.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAIDEN DE NAVARRO, SILVIA 1643 BRICKELL AVENUE, APT 2305 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE SAIDEN, SILVIA 1643 BRICKELL AVENUE, APT 2305 MIAMI, FL 33129
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B. Datto JUN 02 2008

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: *Silvia Saïden* 03/24/08

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