


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90044 038 \*\*\*138.75

**DOCUMENT # L07000036316**

1. Entity Name  
**ALTO HALLANDALE, LLC**



Principal Place of Business      Mailing Address

**1200 BRICKELL AVE**      **701 BRICKELL AVE**  
**18TH FLOOR**      **STE 3000**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1200 BRICKELL AVE.**      **P.O. Box 611510**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**18 FLOOR**      **North Miami, FL**

City & State      City & State

**MIAMI, FL**      **MIAMI, FL**

01152008    Chg-LLC    CR2E083 (12/06)

Zip      Country      Zip      Country

**33131**      **U.S.A.**      **33261-1170**      **U.S.A.**

4. FEI Number      Applied For

**20-8907911**       Not Applicable

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

6. Name and Address of Current Registered Agent

~~INTRASTATE REGISTERED AGENT CORPORATION~~  
~~701 BRICKELL AVE STE 3000~~  
~~MIAMI, FL 33131~~

**SAME**

7. Name and Address of New Registered Agent

Name  
**Intrastate Registered Agent Corp**

Street Address (P.O. Box Number is Not Acceptable)  
**701 BRICKELL AVE, #3000**

City      State      Zip Code  
**Miami**      **FL**      **33131**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to**  
**Florida Department of State**

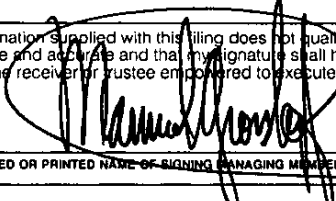
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	GROSSKOPF, MANUEL	1200 BRICKELL AVE	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:       Date: **4/25/08**      Daytime Phone #: **786-253-2386**

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