

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000072046

1. Entity Name
ALEXANDRIA SOUTH BEACH CONDOS, LLC



Principal Place of Business
**1001 BRICKELL BAY DRIVE, SUITE 3102
MIAMI, FL 33131**

Mailing Address
**1001 BRICKELL BAY DRIVE, SUITE 3102
MIAMI, FL 33131**



04102006NoChg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-2018765

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
DE CASTRO, ALVARO
1001 BRICKELL BAY DRIVE, SUITE 3102
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
PEREZ, NICOLAS
1001 BRICKELL BAY DRIVE, SUITE 3102
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
MAURY, ANDREINA
1001 BRICKELL BAY DRIVE, SUITE 3102
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
GUEDEZ, RAFAEL M
1001 BRICKELL BAY DRIVE, SUITE 3102
MIAMI, FL 33131**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000530404
05/05/06-80114-021 50.00

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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:

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

Date

Daytime Phone #