2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000059315

ALSAR BAL HARBOUR HOLDINGS LLC



Principal Place of Business

2875 N.E. 191 STREET

PENTHOUSE 1 AVENTURA, FL 33180 US

DO NOT WRITE IN THIS SPACE

P.O. BOX 630817 MIAMI, FL 33163

Mailing Address

FILED Feb 11, 2008 08:00 AN Secretary of State



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1506464 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ 8030 PETERS ROAD BLDG D, STE 104 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

			•
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a	accept
			•
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE	
File After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR	the state of the s	
NAME	AZOUT, JACK		٠.
STREET ADDRESS	2875 NE 191 ST PH 1	ያ በመጠመው ነው ተመፈ	
CITY-ST-ZIP	AVENTURA, FL 33180	U00000824744 02/20/08-80090-016 143.7S	:
TITLE		02,20,00 00000-016 145.(3	•
NAME			•
STREET ADDRESS			
CITY-ST-ZIP			4
TITLE			
NAME			,
STREET ADDRESS		DO NOT WOLTE	
CITY-ST-ZIP		DO NOT WRITE	
		the same of the sa	
TITLE		IN THIS SPACE	
NAME STREET ADDRESS			
CITY-ST-ZIP			•
TITLE			
NAME	•		
STREET ADDRESS	1		
CITY-ST-ZIP			٠,
THTLE			
NAME		The state of the s	i.
STREET ADDRESS			

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.

CITY - ST - ZIP

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE