2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0400000961 1. Entity Name ALANAR INVESTMENTS LTD.					FILED 07 APR 23 PM 4: 11			
						07 APR	23 PM	ц. 11
Principal Place of Business C/O AMADA LOPEZ-CANTERA, P.A. 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145		Mailing Address C/O AMADA LOPEZ-CANTERA, P.A. 2300 CORAL WAY, SUITE 201 MIAMI, FL 33145					STATE FLORIDA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01222007	Chg-LP	CR2E00	3 (12/06)
City & State		City & State		4. FEI Number 20-1260			Applied For Not Applicable	
Zip Country		Zip	Country			f Status Desired		8.75 Additional ee Required
6. Name a	Registered Agent			7. Name and A	Address of New R	egistered Aç	jent	
DADE CORPORATE SERVICES, INC.				Name				
2300 CORAL WAY, SI MIAMI, FL 33145	Street Address (P.O. Box Number	is Not Acceptable	9)	n. au		
			City			FL	Zip Code	
The above named entity submits this statement for the purpose of changing			ts register	ed office or register	ed agent or both	in the State of Flo		miliar with and accept
the obligations of register		in the purpose of changing in	is register	od omos or register	ed agent, or both	, in the chate of the	Arqu. Tarif M	Timas Willi, and accopt
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							DATE	
	FILE NO	WIII FEE IS \$500.00						
		2007, Fee will be \$90						
NOTE: 0	Seneral Partners MA	THAT IS A BUSINESS E AY NOT be changed on	the form	i; an amendmer	it must be filed	i to change a g	eneral part	ner.
12.	GENERAL PARTNE	R INFORMATION	13.			ADDRESS CH	ANGES ONLY	(
DECUMENT LO40000437		STR	ET ADDRESS					
STREET ADDRESS 2300 CORA			CITY	-ST-ZIP				
DOCUMENT # NAME		1 401	STR	EET ADDRESS	600099083486 04/27/0701010030 **508.75			
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	04/27	707101911	J - -U3U	**396.13
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STREET ADORESS CITY-ST-ZIP	13/1/23		CITY	'-ST-ZIP				
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CITY-ST-ZIP DOCUMENT # NAME NAME CONTROL OF THE			STR	EET ADDRESS				-
	. 	****	cin	f-ST-ZIP				
DOCUMENT / NAME		*	STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			1	r-ST-ZIP				
14. I hereby certify that the indicated on this report or the receiver or truster.	information supplied w is not and accurate and a empowered to execute	ith this filing does not qualify d that my signature shall have e this report as required by (y for the e ve the sam Chapter 6	xemptions containe le legal effect as if r 20, Florida Statutes	ed in Chapter 119 nade under oath), Florida Statutes. that I am a Gene	I further cert ral Partner of	ify that the information the limited partnership
SIGNATURE: _	SIGNATORE AND TYPED O	PRINTED VAME OF SIGNING GEN	ERAL PARTN	ER	2120	Date O	max	9 -0030 yuma Phone #
RODOLFO DUMENIGO, MGM								