

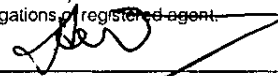
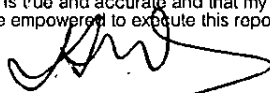


FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001961				FILED Apr 02, 2007 08:00 Secretary of State	
1. Entity Name ALIRE, LTD.					
Principal Place of Business 1600 SE 8TH ST. FORT LAUDERDALE FL 33316		Mailing Address 1600 SE 8TH ST. FORT LAUDERDALE FL 33316			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E003 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0702318	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASARETTO, ALBERTO A M.D. 1600 SE 8TH ST. FORT LAUDERDALE FL 33316				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				03/27/07 DATE	
SIGNATURE, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! Fee is \$500.*** After May 1, 2007, fee will be \$900.*** Make check payable to Florida Department of State.					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	CASARETTO, ALBERTO A M.D.		CITY - ST - ZIP		
CITY - ST - ZIP	1600 SE 8TH STREET FT. LAUDERDALE FL 33316				
DOCUMENT #	NAME		STREET ADDRESS	U000000687786	
STREET ADDRESS			CITY - ST - ZIP	04/10/07-80054-012 500.00	
CITY - ST - ZIP					
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STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 			03/27/07 DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		