

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90125 020 ***138.75

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DOCUMENT # L00000008884							
1. Entity Name ALYANI LLC.							
Principal Place of Business 8525 SW 92 ST., SUITE B-4 MIAMI, FL 33156			Mailing Address 8525 SW 92 ST., SUITE B-4 MIAMI, FL 33156				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 65-1026558				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BACALLAO, MANUEL J MD 7522 SW 135 PLACE MIAMI, FL 33183			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: <i>Manuel J. Bacallao MD</i> Manuel J. Bacallao MD			DATE: 4/7/08				
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				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FERNANDEZ MAITIN, ANIA		NAME				
STREET ADDRESS	16705 SW 88 AVENUEITE 209		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MONTILLA GONZALEZ, DESALY		NAME				
STREET ADDRESS	11731 SW 95 TERRACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BACALLAO, MANUEL		NAME				
STREET ADDRESS	7522 SW 135 PLACE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Manuel J. Bacallao MD</i> Manuel J. Bacallao MD			DATE: 4/7/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #				

(305) 279-7446