


**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L02000009732**

1. Entity Name  
**ALEBRO L.L.C.**



Principal Place of Business      Mailing Address

901 PONCE DE LEON BLVD., SUITE 603      901 PONCE DE LEON BLVD., SUITE 603  
 CORAL GABLES, FL 33134                      CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



4. FEI Number      Applied For  
**41-2038122**       Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALBORNOZ, WILLIAM H**  
 901 PONCE DE LEON BLVD., SUITE 603  
 CORAL GABLES, FL 33134

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8. The above named entity submits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Print or type name of registered agent and date if applicable. DPO & Registered Agent signature required when renewing)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

U00000091930  
 03/18/04-80028-018 50.00

**MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR CZECH, BRONISLAW 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bronislaw Czech **BRONISLAW CZECH**      March 12, 2004      (914) 524-3334

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      System Form 8