


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009732

1. Entity Name
ALEBRO L.L.C.



Principal Place of Business 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2039122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

U00000327356
04/25/05-80034-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - 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)(i), 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 808, Florida Statutes.

SIGNATURE: Bronislaw Czech **BRONISLAW CZECH** 04/14/05 (914)524-3334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #