


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000011046 1. Entity Name ALTRY, L.L.C.	
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Principal Place of Business 9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156	Mailing Address 9130 S. DADELAND BLVD SUITE 1504 MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3664101	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent GUZMAN, MARIO I 9120 S DADELAND BLVD STE 1504 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALEMAN, FERNANDO I PARCJA 3750 PB C CAPITAL FED 1419 ARGENTINA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARROYO, JUAN C SARMIENTO 1586 FLOOR 1 APT. C CAPITAL FED 1042 ARGENTINA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/05/04-80079-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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: MGRM FERNANDO ALEMAN 03/24/2004 305 670 1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #