

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000011777	
1. Entity Name ALSTER, L.L.C.	
Principal Place of Business 2500 NORTH FEDERAL HWY., STE. 201 FORT LAUDERDALE, FL 33305	Mailing Address 2500 NORTH FEDERAL HWY., STE. 201 FORT LAUDERDALE, FL 33305



DO NOT WRITE IN THIS SPACE

04112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3656721	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 DWV INVESTMENTS 2500 NORTH FEDERAL HWY., STE. 201 FORT LAUDERDALE, FL 33305
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**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 [Signature] Volkmar Dirksen 04/12/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

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

U000000347427

04/30/05-50114-017-50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROGGZNBUECK, KLAUS 17 OSTERBROOKSWEG SCHENENFELD GERMANY, D-2289
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIRKSON, VOLKMAR 6650 NE 7TH AVE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(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 608, Florida Statutes.

SIGNATURE: [Signature] Volkmar Dirksen 04/12/05 (954) 561-9900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # X250