2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# L03000006922

Entity Name: LA ALDEA, LLC

Current Principal Place of Business:

1401 BRICKELL AVE.
SUITE 650
MIAMI, FL 33131

New Principal Place of Business:

1550 BRICKELL AVE.
SUITE 403B
MIAMI, FL 33129

Current Mailing Address:

1401 BRICKELL AVE
650
MIAMI, FL 33131

New Mailing Address:

1550 BRICKELL AVE.
SUITE 403B
MIAMI, FL 33129

FEI Number: 61-1443322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSCHINI, MARIA S
1401 BRICKELL AVE.
650
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MOSCHINI, MARIA S
1550 BRICKELL AVE.
SUITE 403B
MIAMI, FL 33129 US

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.

SIGNATURE: MARIA S MOSCHINI 02/06/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MOSCHINI, MARIA S
Address: 1401 BRICKELL AVE. SUITE 650
City-St-Zip: MIAMI, FL 33131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRN (X) Change ( ) Addition
Name: MOSCHINI, MARIA S
Address: 1550 BRICKELL AVE., SUITE 403B
City-St-Zip: MIAMI, FL 33129

Title: MGR ( ) Change (X) Addition
Name: MICCIULLO, STELLA M
Address: 1550 BRICKELL AVE., SUITE 403B
City-St-Zip: MIAMI, FL 33129

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA S MOSCHINI MGRN 02/06/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date