

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90018 015 \*\*\*\*50.00

**DOCUMENT # L03000036342**

**1. Entity Name**  
**ALTOS DE MIAMI COMMERCIAL PROPERTIES, L.L.C.**



**Principal Place of Business**  
**2600 SOUTHWEST THIRD AVE., STE. 730**  
**MIAMI, FL 33129**

**Mailing Address**  
**2600 SOUTHWEST THIRD AVE., STE. 730**  
**MIAMI, FL 33129**

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03092005 No Chg-LLC

CR2E083 (10/03)

**4. FEI Number**  
**20-0246711**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**ARAN CORREA & GUARCH, P.A.**  
**C/O FERNANDO S. ARAN, ESQ**  
**710 SOUTH DIXIE HWY.**  
**CORAL GABLES, FL 33146-2602**

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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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
**MGR**  
**B DEVELOPMENTS LLC**  
**2600 SW 3RDD AVE #700**  
**MIAMI, FL 33129**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE**  
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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 608, Florida Statutes.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #