2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 16, 2005 8:00 am Secretary of State

DOCUMENT # L04000013109 1. Entity Name ALASTOR, LLC								08-16-2005 9	0013 019 *	***50	.00	
Principal Place 6301 S.W. 1 MIAMI, FL 3	10TH STREE		Mailing Address 6301 S.W. 110TH STREET MIAMI, FL 33156									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01042005	Chg-LLC	CR2E083	(10/03)			
City & State			City & State				4. FEI Number 20-090	3713			oplied For ot Applicable	
Zip		Country	Zip	Zip Coun			5. Certificate of Status Desired \$5.00 Additional Fee Required					
<u></u>	6. Name	and Address of Current F	egistered Agent Name				7. Name and Address of New Registered Agent					
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			Street Ad			ddress (f	s (P.O. Box Number is Not Acceptable)					
•				City				FL Zip Code				
 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 acc the obligations of registered agent. 											and accept	
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE (NOTE: Registered Agent signature required when reinstating)												
	iling Fee i ue by May						Florida	check paya Department	of Stat	е		
9. TITLE	Γ	MANAGING MEMBER		10.		MGR	м	ADDITIONS/		Change	★ Addition	
NAME			□ Delete	NAM	1	Par 630	M Ody Al	fredo 0 St.		CHANGE	ES) Additions	
STREET ADDRESS CITY-ST-ZIP		•			ET ADDRESS -ST-ZIP		mi, FL				Ì	
TITLE			☐ Delete	TITLE						Change	Addition	
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CITY-ST-ZIP				-	-ST-ZIP			··· · · · · · · · · · · · · · · · · ·		Obsesses	- Addition	
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CITY-ST-ZiP				CITY-	ST-ZIP							
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 accurate an observed to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: 04 CON 9/8/05												
SIGNAL		SIGNATURE: 10 JULY SIGNATURE AND TARRED OR PRINTED HAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #										