

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034180

Entity Name: ALEGRIA ONE, LLC

FILED
Sep 09, 2005
Secretary of State

Current Principal Place of Business:

520 BRICKELL KEY DRIVE, UNIT A-716
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

520 BRICKELL KEY DRIVE, UNIT A-716
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

FERNANDEZ, ALBERTO
520 BRICKELL KEY DRIVE, UNIT A-716
MIAMI, FL 33131 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: ALBERTO FERNANDEZ

09/09/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERNANDEZ, ALBERTO S
Address: 520 BRICKELL KEY DRIVE, UNIT A-716
City-St-Zip: MIAMI, FL 33131

Title: ST () Delete
Name: FERNANDEZ, ALBERTO S
Address: 520 BRICKELL KEY DRIVE, UNIT A-716
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERTO FERNANDEZ

MGR

09/09/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date