FILED
May 29, 2007 8:00 am
Secretary of State

05-02-2007 90355 021 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000047043

1. Entity Name
ALANNA ISABELLA, L.L.C.

30009049

Principal Place of Business	Mailing Address
13433 SW 151 TERRACE MIAMI, FL 33186 US	13433 SW 151 TERRACE MIAMI, FL 33186 US

05012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18001 OLD CUTLER Rd.	18001 OLD CUTLER Rd
Suite, Apt. #, etc. 431	Suite, Apt. #, etc. 431
City & State MIAMI FL	City & State MIAMI FL
Zip 33157 Country USA	Zip 33157 Country USA

4. FEI Number ~~APPLIED FOR~~ 20-5972099 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALROTH-SADURNI, STEPHEN P
2699 SOUTH BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 18001 OLD CUTLER Rd

#431

City MIAMI FL Zip Code 33157

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] 30-April 07
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, 2007

Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDOZA DE WALROTH, G. LLIAN 13433 SW 151 TERRACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALROTH-SADURNI, STEPHEN P 13433 SW 151 TERRACE MIAMI, FL 33186	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 30 April 07 3052784511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #