

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

07 JUL -6 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06062007 Chg-LLC CR2E083 (12/06) *YPS*

4. FEI Number 34-2018765 Applied For Not Applicable

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

DOCUMENT # L04000072046

1. Entity Name
ALEXANDRIA SOUTH BEACH CONDOS, LLC



Principal Place of Business Mailing Address
1001 BRICKELL BAY DRIVE, SUITE 3104 1001 BRICKELL BAY DRIVE, SUITE 3104
MIAMI, FL 33131 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
999 Brickell Ave *999 Brickell Ave*
Suite, Apt. #, etc. Suite, Apt. #, etc.
ste 1002 *Suite 1002*
City & State City & State
Miami FL *Miami FL*
Zip Country Zip Country
33131 USA *33131 USA*

6. Name and Address of Current Registered Agent
RODRIGUEZ HUMBERTO L ESQ
999 PONCE DE LEON BLVD
PENTHOUSE 1135
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$50.00 Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DE CASTRO, ALVARO 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR De Castro, Alvaro 999 Brickell Ave Ste 1002 Miami FL 33131 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, RAFAEL 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Perez, Alexander Nicolas 999 Brickell Ave Ste 1002 MIA FL 33131 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MAURY, ANDREINA 1001 BRICKELL BAY DRIVE, SUITE 3104 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000105870950 07/10/07--01042--008 **50.00 ☐ 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
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: *Alvaro de castro* 6/7/07 305 381 8121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #