

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019844

FILED
Apr 13, 2006
Secretary of State

Entity Name: ALLIANCE STARLIGHT I, LLC

Current Principal Place of Business:

4091 LAGUNA STREET
CORAL GABLES, FL 33146

New Principal Place of Business:

2977 MCFARLANE ROAD
SUITE 303
MIAMI, FL 33133

Current Mailing Address:

4091 LAGUNA STREET
CORAL GABLES, FL 33146

New Mailing Address:

2977 MCFARLANE ROAD
SUITE 303
MIAMI, FL 33133

FEI Number: 20-2401981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET
SUITE 2900
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: CHARLES J. RENNERT, VP

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: STARLIGHT HOLDINGS,, LLC
Address: P.O. BOX 195537
City-St-Zip: SAN JUAN, PR 009195537

Title: MGRM () Change (X) Addition
Name: ALLIANCE CALABRIA HO, LDINGS, LLC
Address: 2977 MCFARLANE ROAD, SUITE 303
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERTO TRAPAGA CATALA

AR

04/13/2006

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