

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000019844

1. Entity Name
ALLIANCE STARLIGHT I, LLC



Principal Place of Business

**2977 MCFARLANE ROAD
SUITE 303
MIAMI, FL 33133**

Mailing Address

**2977 MCFARLANE ROAD
SUITE 303
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-2401981

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET
SUITE 2900
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000915133
05/09/08-80003-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STARLIGHT HOLDINGS, LLC
STREET ADDRESS	P.O. BOX 195537
CITY-STATE-ZIP	SAN JUAN, PR 009195537
TITLE	MGRM
NAME	ALLIANCE CALABRIA HOLDINGS, LLC
STREET ADDRESS	2977 MCFARLANE ROAD, SUITE 303
CITY-STATE-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/21/08 31446-1917