
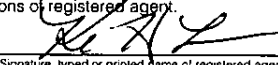
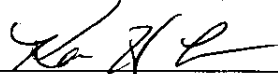


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90356 016 *****50.00

DOCUMENT # L05000074079					
1. Entity Name ALCAZAR TOWER, LLC					
Principal Place of Business 11900 BISCAYNE BLVD., #801 NORTH MIAMI, FL 33181			Mailing Address 11900 BISCAYNE BLVD., #801 NORTH MIAMI, FL 33181		
2. Principal Place of Business - No P.O. Box # 251 LeJeune Road		3. Mailing Address 1111 Park Centre Blvd			
Suite, Apt. #, etc. #307		Suite, Apt. #, etc. #360			
City & State Coral Gables FL		City & State Miami FL		4. FEI Number 04132007 Chg-LLC CR2E083 (12/06) 20-3222010	
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LLERA, KAREN H 11900 BISCAYNE BLVD., # 801 NORTH MIAMI, FL 33181			7. Name and Address of New Registered Agent Name Karen H. Llera Street Address (P.O. Box Number is Not Acceptable) 1111 Park Centre Blvd #360 City Miami FL Zip Code 33169		
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:  DATE: 4-12-2007 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	M SIMKINS INDUSTRIES INC 11900 BISCAYNE BLVD., # 801 NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MORM Simkins Industries Inc <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1111 Park Centre Blvd # 360 Miami FL 33169	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Simkins Industries Inc Karen H Llera Corp Secretary DATE: 4-12-2007 DAYTIME PHONE: 305 899-8181 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					