


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90030 010 ****50.00

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|-------------------------------------|--|---|
| DOCUMENT # L05000077388 | |  |
| 1. Entity Name ALERO, LLC | | |

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|---|---|
| Principal Place of Business 5600 COLLINS AVE. SUITE 12N MIAMI BEACH, FL 33140 | Mailing Address 5600 COLLINS AVE. SUITE 12N MIAMI BEACH, FL 33140 |
|---|---|

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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|-------------------------------|
|  | |
| 01042007 Chg-LLC | CR2E083 (12/06) |
| 4. FEI Number 20-3265391 APPLIED FOR | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ORTELLI, MARIA A 5601 COLLINS AVENUE 1202 MIAMI BEACH, FL 33140 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

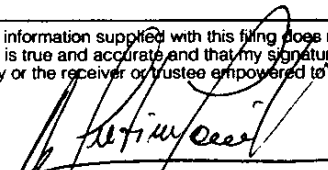
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

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|---|--|
| 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 ORTELLI, MARIA A 5601 COLLINS AVE., SUITE 1202 MIAMI BEACH, FL 33140 <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 | MGR GUTIERREZ, RODOLFO F 5601 COLLINS AVE., SUITE 12N MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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  **Rodolfo F. Gutierrez** 1-05-07 305-867-8816