## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000077388**

1. Entity Name ALERO, LLC

FILED Jan 28, 2008 08:00 AM Secretary of State

Principal Place of Business

5601 COLLINS AVE. SUITE 1710 MIAMI BEACH, FL 33140 Mailing Address

5600 COLLINS AVE. SUITE 12N MIAMI BEACH, FL 33140



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3265391 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTELLI, MARIA A 5601 COLLINS AVENUE 1202 MIAMI BEACH, FL 33140

## 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 it applicable. (N	(4) NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTELLI, MARIA A 5601 COLLINS AVE., SUITE 1202 MIAMI BEACH, FL 33140		
NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTIERREZ, RODOLFO F 5601 COLLINS AVE., SUITE 12N MIAMI BEACH, FL 33140		U00000802308 02/01/08-80054-007 138,75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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11. I hereby certify that the information supplied with his 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 any 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

Prodolpo F. Gutierrez

01-22-6008

7h # 305-867-8816