## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L05000082755 Secretary of State** 1. Entity Name 01-20-2006 90050 033 \*\*\*\*50.00 4 ALLIANCE, LLC Principal Place of Business Mailing Address 1701 SW 2ND AVE. 1701 SW 2ND AVE. MIAMI, FL 33129 MIAMI, FL 33129 2. Principal Place of Business 3. Mailing Address <u>1110 Bric</u> <u>1110 Bricke</u> Suite. Apt. #, etc. Suite, Apt. #, etc 02152006 Cha-LLC CR2E083 (11/05) City & State Applied For City & State 4. FEI Number Not Applicable Huan \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE CESPEDES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE, SUITE 1440 MIAMI, FL 33131 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM Change Addition ☐ Delete MLE. TITLE SAN LORENZO INVESTMENTS, LLC NAME 2655 COLLINS AVE., APT. 1911 STREET ADDRESS STREET ADDRESS MIAMI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP Addition MGRM Change ☐ Defete TITLE HGRH carros Alberto poernal CARLOS ALBERTO BERNAL NAME NAME 770 sw 46 Terroce 1701 SW 2ND AVE. STREET ADDRESS STREET ADDRESS MIAMI, FL 33129 CITY-ST-ZIP CITY-ST-7IP HORM MGRM Change ■ Addition Delete MLE TITLE atin' American Investors group UC LATIN AMERICAN INVESTMENTS, LLC NAME 800 claughton Island DR # 2 800 CLAUGHTON ISLAND DR. #2703 STREET ADDRESS STREET ADDRESS MIAMI, FL 33129 CITY-ST-ZIP HIGMI, FL 33129 CITY-ST-ZIP ☐ Change ☐ Addition TILE ☐ Delete TITLE **MGRM** PERICO, JORGE NAME. \_\_ NAME STREET ADDRESS 789 CRANDON BLVD., APT. 1501 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KEY BISCAYNE, FL 33149 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 from 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 preceiver or in stee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE Daytime Phone # MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Oate

**FILED** 

Feb 20, 2006 8:00 am