

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101419

Entity Name: ALTON 5435, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

601 BRICKEL KEY DRIVE
509
MIAMI, FL 33131

New Principal Place of Business:

800 BRICKELL AVE
902
MIAMI, FL 33131

Current Mailing Address:

601 BRICKEL KEY DRIVE
509
MIAMI, FL 33131

New Mailing Address:

800 BRICKELL AVE
902
MIAMI, FL 33131

FEI Number: 20-3633370 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PEREZ CIRERA, JUAN RAMON
601 BRICKEL KEY DRIVE
509
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

PEREZ CIRERA, JUAN RAMON
800 BRICKELL AVE
902
MIAMI, FL 33131 US

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.

SIGNATURE:

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CIERCO, JAVIER
Address: 5435 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM () Delete
Name: SU CASITA, LLC,
Address: 5435 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUAN RAMON PEREZ CIRERA

RA

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date