

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006161

Entity Name: ALT CONDO, LLC

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

350 NE 51 STREET  
# 4  
MIAMI, FL 33137 US

## New Principal Place of Business:

## Current Mailing Address:

350 NE 51 STREET  
# 4  
MIAMI, FL 33137 US

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RESTREPO, DIEGO L ESQ.  
547 MAJORCA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SINISTERRA, JULIAN RODRIGO  
Address: 350 NE 51 STREET, SUITE # 4  
City-St-Zip: MIAMI, FL 33137 US

Title: MGRM ( ) Delete  
Name: LOSADA, ALBERTO  
Address: 218 SEA VIEW DRIVE  
City-St-Zip: KEY BISCAVNE, FL 33149 US

Title: MGR ( ) Delete  
Name: SINISTERRA, GUSTAVO  
Address: 350 NE 51 STREET, SUITE # 4  
City-St-Zip: MIAMI, FL 33137 US

## ADDITIONS/CHANGES:

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

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: JULIAN SINISTERRA

MGR

04/30/2007

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