### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L06000025567

1. Entity Name ALYDAR LLC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN - 2 PM 1: 43

Principal Place of Business 1001 BRICKELL BAY DR. 9TH FLOOR

MIAMI, FL 33131

Mailing Address 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131



03142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20–5390583

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FARRA, MIGUEL 1001 BRICKELL BAY DR. 9TH FLOOR MIAMI, FL 33131

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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 if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

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9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	SAIDEN DE NAVARRO, SILVIA	
STREET ADDRESS	1643 BRICKELL AVENUE, APT 2305	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	MGR	
NAME	DE SAIDEN, SILVIA	
STREET ADDRESS	1643 BRICKELL AVENUE, APT 2305	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		
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44 I became partie that the information complied with this filling does not qualify for the sa		



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11. I hereby certify that the information supplied with this filling 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:

hilia harden

03/24/08

Daytime Phone #