2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# L06000082337

Entity Name: ALBA, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 1050
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5421330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD., SUITE 1050
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: WHITE PEARL LAND, IN, C.
Address: 2121 PONCE DE LEON BLVD., SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: FAFIAN, ALBERTO
Address: 1407 CAPITAL FEDERAL DOLORES 217
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: MGRM ( ) Delete
Name: NORMA ELENA CRUZ,
Address: 1407 CAPITAL FEDERAL DOLORES 217
City-St-Zip: BUENOS AIRES, ARGENTINA,

Title: MGRM ( ) Delete
Name: FIFIAN, MARISOL
Address: 1407 CAPITAL FEDERAL DOLORES 217
City-St-Zip: BUENOS AIRES, ARGENTINA,

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: WHITE PEARL LAND, IN, C.
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition
Name: FAFIAN, ALBERTO
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition
Name: CRUZ, NORMA ELENA
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition
Name: FAFIAN, MARISOL
Address: 2121 PONCE DE LEON BLVD. SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134

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: ALBERTO FAFIAN MGRM 01/22/2008

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