2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086054

FILED Apr 30, 2007 8:00 am Secretary of State 04-30-2007 90079 049 ****50.00

ALESDE	, LLC_			3.77				
Principal Plac	ce of Business			PROPERTY.	Ī			
	DE LEON BLVD., SUITE			No. of Lot				
CORALGAR	RIFS FI 33134	Mailing Address			60046302			
CORAL GABLES, FL 33134		901 PONCE DE LEON BLVD., SUITE 603		ULE 603	00040302			
		CORAL GABLES, FL 3	3134					
					<u> </u>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			+			
Conto. P.p.c. W. Cito.		Suite, Apr. #, etc.			01092007 Chg-LLC CR2E083 (12/06)			
City & Stat	City & State City & State				4. FEI Number Applied For			
	·	1		· 1	1 20 - 8849559 Not Applicable 5. Certificate of Status Desired St			
Country		Zip Cour		try				
6. Name and Address of Current Re		Registered Agent			Fee Required			
G. Hallio sing Asiateps of Chilera Hogisterau Agent				Name	7. Name and Address of New Registered Agent			
ALBORNOZ. WILLIAM H								
901 PONCE DE LEON BLVD., SUITE 603				Street Address (P.O. Box Number is Not Acceptable)				
COHAL G	ABLES, FL 33134							
				City	71- Co.4-			
			City Zip Code					
8. The above	 named entity submits this statement for tions of registered agent. 	r the purpose of changing is	registere	d office or registere	ed agent, of bosh, in the State of Florida. I am familiar with, and accept			
une congar	ions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NO)	E: Registere	id Agent signature required	d when remstating)			
··		1						
F	iling Fes is \$50.00				Make check payable to			
D	ue by May 1, 2007				Florida Department of State			
9.	MANIACINIC NETROIT	DOMANACEDO			100000000000000000000000000000000000000			
TITLE	MANAGING MEMBE	Delete	10.	<u> </u>	ADDITIONS/CHANGES			
NAME	MGR	L) Delete	NAME		II Change II Addison			
STREET ADDRESS			STRE	ET	•			
CITY-8T-ZIP	901 PONCE DE LEON BLVD., SUITE 603		ADOF					
	CORAL GABLES. FL 33134		CITY	-ST-ZIP				
TITLE		□ Delete	TITLE		Change Addition			
- NAME STREET ADDRESS	F%		MARI	E ET ADDRESS				
CITY-ST-ZIP			_	-ST-ZIP				
TITLE		a Delete	TITLE	:	ପ Change ୍ p Addition			
			KAMI	E				
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NAME			Name	•	-			
STREET ADDRESS				ET ACORESS				
CITY-ST-ZIP	-		1	7-ST-ZIP				
TITLE NAME			TITLE		Change L Addition			
STREET ADDRESS		/		E ET ADORESS	·			
CITY-ST-ZIP				-ST-ZIP				
		11 1	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					
11. I hereby	certify that the information supplied with	this filing does not qualify to	r the exe	mptions contained i	in Chapter 119. Florida Statutes. I further certify that the information			
11. I hereby indicated limited	on this replorts true and atocytate and t	natimy signature shall have	the same	egalemectas in	nade under oath; that I am a managing member or manager of the			
11. I hereby indicated limited	iability company or the receiv	er or trusses empowe	the same red to	execute this	nade under oath; that I am a managing member or manager of the report as required by Chapter 606, Florida Statutes			
11. I hereby indicated limited	iability company or the receiv	er or trusses empowe	the same red to	execute this	nade under oath; that I am a managing member or manager of the			