

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000031096

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** ALTERNA MORTGAGE INCOME FUND, LLC

**Current Principal Place of Business:**

6600 NORTH ANDREWS AVENUE, SUITE 282  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

6600 NORTH ANDREWS AVENUE, SUITE 282  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 02-0804049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAFFERTY, WILLIAM L JR.  
1401 BRICKELL AVE., SUITE 825  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

KONRAD, ROBERT L JR.  
6600 N. ANDREWS AVENUE  
SUITE 282  
FORT LAUDERDALE, FL 33309 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: ROBERT L. KONRAD, JR.

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALTERNA CAPITAL MANAGEMENT, LLC  
Address: 6600 NORTH ANDREWS AVENUE, SUITE 282  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby 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: ROBERT L. KONRAD, JR.

MGR

04/06/2011

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