

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104937

Entity Name: ALTERRA 3131 HAYES, LLC

FILED  
May 06, 2009  
Secretary of State

**Current Principal Place of Business:**

1001 BRICKELL BAY DRIVE, SUITE 2502  
MIAMI, FL 33131

**New Principal Place of Business:**

20201 NE 16TH PLACE  
MIAMI, FL 33179

**Current Mailing Address:**

1001 BRICKELL BAY DRIVE, SUITE 2502  
MIAMI, FL 33131

**New Mailing Address:**

20201 NE 16TH PLACE  
MIAMI, FL 33179

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

FIELDSTONE, RONALD R  
201 ALHAMBRA CIRCLE, SUITE 601  
CORAL GABLES, FL 33134 US

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

ALTERRA CAPITAL GROUP  
20201 NE 16TH PLACE  
MIAMI, FL 33179 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: ADAM SINGER

05/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SINGER, ADAM  
Address: 1001 BRICKELL BAY DRIVE SUITE 2908  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SINGER, ADAM  
Address: 20201 NE 16TH PLACE  
City-St-Zip: MIAMI, FL 33179 US

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: ADAM SINGER

PRIN

05/06/2009

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