


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90438 011 ****50.00

DOCUMENT # M01000000907 1. Entity Name CERRO ALAMO, LLC	
--	---

Principal Place of Business 2105 N.W. 102 AVE. MIAMI, FL 33172	Mailing Address 2105 N.W. 102 AVE. MIAMI, FL 33172
--	--

24022690



DO NOT WRITE IN THIS SPACE

01132004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1089717	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

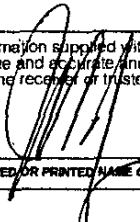
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
--	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering)</small>

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELFAND, ARTHUR 111 CLARK ROAD BERNARDSVILLE, NJ 07924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOHARDUES, JOSE <i>BOHARDUES</i> 8385 SW 21 STREET MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERNANDEZ, JOSE 4541 SW 142 PLACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	3/5/04 <i>25-592-3919</i> <small>Date Daytime Phone #</small>