


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90059 001 ****50.00

DOCUMENT # L03000007790

1. Entity Name
ALPHA BETA LAND COMPANY LIMITED COMPANY



Principal Place of Business
**806 W. COLUMBUS DR.
 TAMPA, FL 33602**

Mailing Address
**806 W. COLUMBUS DR.
 TAMPA, FL 33602**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06302004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number
45-0506913

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, JOHN M
 806 W. COLUMBUS DR.
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 8, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PROFESSIONAL REHAB INC. 806 W. COLUMBUS DR. TAMPA, FL 33602	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John M Baker* **6/30/04** 813-309-9988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JOHN M. BAKER 04-04
806 W. COLUMBUS DRIVE
TAMPA, FL 33602

TERRACE BANK
P.O. BOX 15828
Temple Terrace, Florida 33667-6828
63-1302/631

000532

Attachment

403000007790 / 14024426

6/30/2004

PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE

**50.00

Fifty and 00/100*****

DOLLAR:

FLORIDA DEPARTMENT OF STATE
Annual Business Report for
Alpha Beta Land Company
Due by Sep 8 2004

John M. Baker

MEMO



JOHN M. BAKER
TERRACE BANK

FLORIDA DEPARTMENT OF STATE

6/30/2004

000532

50.00

KENSINGTON CH

50.00

JOHN M. BAKER
TERRACE BANK

FLORIDA DEPARTMENT OF STATE

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