


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90154 046 ***143.75

DOCUMENT # L05000025597	
1. Entity Name ALPHA MANAGEMENT LLC	

Principal Place of Business 3539 TUSCANY RESERVE BLVD NEW SMYRNA BEACH, FL 32168	Mailing Address 611 S DIXIE FRWY NEW SMYRNA BEACH, FL 32168
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0698076	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent

BOYER, SHARON A
 397 SILVER BEACH
 DAYTONA BEACH, FL 32114

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOYER, SHARON A 397 SILVER BEACH 3539 Tuscany Reserve DAYTONA BEACH, FL 32114 New Smyrna A 21. 32168
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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 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: Sharon A Boyer Date: 3-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #