


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90022 016 ****50.00

DOCUMENT # L05000056869 1. Entity Name ALPHA FRAMING II LLC	
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Principal Place of Business 126 REID AVE WEWAHITCHKA FL 32465 US	Mailing Address 126 REID AVE WEWAHITCHKA FL 32465 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 633 Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State Wewahitchka, FL	4. FEI Number 05-0623644	Applied For <input type="checkbox"/> Not Applicable
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Zip 32465	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SEWELL, MIKE 126 E REID AVE WEWAHITCHKA FL 32465	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

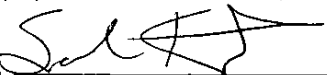
Mike Sewell, Register Agent 4/20/06
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	
TITLE	MGRM <input checked="" type="checkbox"/> Delete WEST, STEPHEN R 126 E REID AVE WEWAHITCHKA FL 32465
TITLE	MGRM <input checked="" type="checkbox"/> Delete BROGDON, ELLIS B 126 E REID AVE WEWAHITCHKA FL 32465
TITLE	MGRM <input checked="" type="checkbox"/> Delete ANANIAS, DAVID A 126 E REID AVE WEWAHITCHKA FL 32465
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP

10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Samuel B, Kent 8030 S.W. Possum Trail Road Kinard, FL 32449
TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert D. Alderman 126 E. Reid Avenue Wewahitchka, FL 32465
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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  **Samuel B. Kent Manager 4/20/06 814-8251**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #