

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 06, 2008  
Secretary of State**

DOCUMENT# L06000000232

Entity Name: ALPHA REVESTMENTS, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

1854 E. WINDWOOD WAY  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

**New Mailing Address:**

1854 E. WINDWOOD WAY  
TALLAHASSEE, FL 32311

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

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

SMITH, W. CRIT  
3520 THOMASVILLE ROAD, 4TH FLOOR  
TALLAHASSEE, FL 32309    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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title:                      MGRM                      ( ) Delete  
Name:                      FRENCH, BRUCE J  
Address:                      1854 E. WINDWOOD WAY  
City-St-Zip:                      TALLAHASSEE, FL 32311

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRUCE J FRENCH                      MGRM                      01/06/2008

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