


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90321 014 ***138.75

DOCUMENT # L07000063189	
1. Entity Name ALPHAROCK, LLC	

Principal Place of Business 8675 NAPLES HERITAGE DRIVE, UNIT 424 NAPLES, FL 34112-7714	Mailing Address C/O DALY CAVANAUGH 27 MICA LN. WELLESLEY, MA 02481
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00026313



2. Principal Place of Business ~ No P.O. Box #	3. Mailing Address 12A Mica Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03282008 Chg-LLC CR2E083 (12/06)

City & State Wellesley, MA	4. FEI Number 14-2001645	Applied For Not Applicable
Zip 02481	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
DALY, WILLIAM P 8675 NAPLES HERITAGE DRIVE, UNIT 424 NAPLES, FL 34112-7714

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

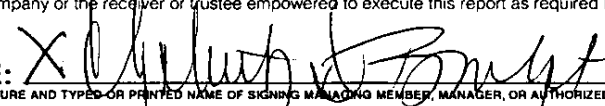
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALY, WILLIAM P 8675 NAPLES HERITAGE DRIVE, UNIT 424 NAPLES, FL 341127714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DALY, DAVID J 17 MICA LANE WELLESLEY, MA 02481 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'NEILL, WILLIAM J JR. 51 WINGSCREEK ROAD GLOUCESTER, MA 01930 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIDHOM, NADER 75 BROOKLINE STREET NEEDHAM, MA 02492 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROAN, TIMOTHY C P.O. BOX 6414 DUBAI, U.A.E., <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
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 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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____