

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063189

FILED
Apr 16, 2009
Secretary of State

Entity Name: ALPHAROCK, LLC

Current Principal Place of Business:

8675 NAPLES HERITAGE DRIVE, UNIT 424
NAPLES, FL 341127714

New Principal Place of Business:

8934 OLDE HICKORY AVENUE
SARASOTA, FL 34238

Current Mailing Address:

12 A MICA LANE
WELLESELY, MA 02481

New Mailing Address:

FEI Number: 64-0963088 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DALY, WILLIAM P
8675 NAPLES HERITAGE DRIVE, UNIT 424
NAPLES, FL 341127714 US

Name and Address of New Registered Agent:

DALY, WILLIAM P
8934 OLDE HICKORY AVENUE
SARASOTA, FL 34238 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: _____

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DALY, WILLIAM P
Address: 8675 NAPLES HERITAGE DRIVE, UNIT 424
City-St-Zip: NAPLES, FL 341127714

Title: MGRM () Delete
Name: DALY, DAVID J
Address: 17 MICA LANE
City-St-Zip: WELLESLEY, MA 02481

Title: MGRM () Delete
Name: O'NEILL, WILLIAM J JR.
Address: 51 WINGERSCREEK ROAD
City-St-Zip: GLOUCESTER, MA 01930

Title: MGRM () Delete
Name: SIDHOM, NADER
Address: 75 BROOKLINE STREET
City-St-Zip: NEEDHAM, MA 02492

Title: MGRM (X) Delete
Name: ROAN, TIMOTHY C
Address: P.O. BOX 6414
City-St-Zip: DUBAI, U.A.E.,

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DALY, WILLIAM P
Address: 8934 OLDE HICKORY AVENUE
City-St-Zip: SARASOTA, FL 34238

Title: MGRM (X) Change () Addition
Name: DALY, DAVID J
Address: 12A MICA LANE
City-St-Zip: WELLESLEY, MA 02481

Title: MGRM (X) Change () Addition
Name: O'NEILL, WILLIAM J JR.
Address: 51 WINGAERSHEEK ROAD
City-St-Zip: GLOUCESTER, MA 01930

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

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: DAVID J. DALY

MGRM

04/16/2009

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