

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-24-2002 90114 035 ****50.00

DOCUMENT # M00000001187

1. Entity Name

ALEXANDER MANAGEMENT PARTNERS, LLC

Principal Place of Business

2300 CORPORATE BLVD NW
STE 215
BOCA RATON FL 33431-8596

Mailing Address

2300 CORPORATE BLVD NW
STE 215
BOCA RATON FL 33431-8596

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1005521

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BONGARD, BURTON
2300 CORPORATE BLVD NW
STE 215
BOCA RATON FL 33431-8596

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALEXANDER INVESTMENT GROUP, INC.
6503 N. MILITARY TRAIL, #2700
BOCA RATON FL 33496 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member (99%)
BURTON M. BONGARD
6503 N. MILITARY TRAIL #2700
BOCA RATON FL 33496 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Burton M. Bongard

1/15/02 (561)994-5660
Date Daytime Phone #

CR2E083 (9/01)



Attachment
16351

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 26, 2002

ALEXANDER MANAGEMENT PARTNERS, LLC
2300 CORPORATE BLVD NW
STE 215
BOCA RATON, FL 33431-8596

Subject: ALEXANDER MANAGEMENT PARTNERS, LLC

Reference Number: M00000001187

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ns
ANNUAL REPORTS SECTION

Diane! Per our earlier conversation, you instructed me to send this back as it is correct and was kicked back in error.

Thank you.

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314