

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001187

FILED  
Jan 30, 2004  
Secretary of State

Entity Name: ALEXANDER MANAGEMENT PARTNERS, LLC

**Current Principal Place of Business:**

2300 CORPORATE BLVD NW  
SUITE 232  
BOCA RATON, FL 334318596

**New Principal Place of Business:**

**Current Mailing Address:**

2300 CORPORATE BLVD NW  
SUITE 232  
BOCA RATON, FL 334318596

**New Mailing Address:**

FEI Number: 65-1005521      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BONGARD, BURTON  
2300 CORPORATE BLVD NW  
SUITE 232  
BOCA RATON, FL 334318596 US

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

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALEXANDER INVESTMENT, GROUP, INC.  
Address: 2300 CORPORATE BLVD. NW., STE 232  
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete  
Name: BONGARD, BURTON M  
Address: 6501 NW 39TH TERR.  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

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 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 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: BURTON M. BONGARD      MGRM      01/30/2004

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