

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2003 8:00 am**  
**Secretary of State**

02-27-2003 90005 017 \*\*\*\*50.00

**DOCUMENT # M00000001187**

1. Entity Name

**ALEXANDER MANAGEMENT PARTNERS, LLC**



Principal Place of Business

Mailing Address

**2300 CORPORATE BLVD NW  
STE 232  
BOCA RATON FL 33431-8596**

**2300 CORPORATE BLVD NW  
STE 232  
BOCA RATON FL 33431-8596**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**Suite # 232**

Suite, Apt. #, etc.

**Suite # 232**

City & State

City & State

4. FEI Number **65-1005521**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BONGARD, BURTON  
2300 CORPORATE BLVD NW  
STE 232  
BOCA RATON FL 33431-8596**

Name

Street Address (P.O. Box Number is Not Acceptable)

**Suite # 232**

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

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>ALEXANDER INVESTMENT GROUP, INC.</b>	
STREET ADDRESS	<del>6503 N. MILITARY TRAIL #2700</del>	
CITY-ST-ZIP	<del>BOCA RATON FL 33496</del>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BONGARD, BURTON M</b>	
STREET ADDRESS	<del>6503 N. MILITARY TRAIL #2700</del>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>2300 Corporate Blvd. NW, Suite #232</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6501 NW 39th Terrace</b>	
CITY-ST-ZIP	<b>Boca Raton FL 33496</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*Burton M. Bongard*  
**BURTON M. BONGARD**  
**MANAGING MEMBER**

**1/31/03 (56) 994-5660**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP12E083 (10/02)