2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004753

1. Entity Name
ALEXSAM T, LLC

Principal Place of Business	Mailing Address
14175 ICOT BLVD., STE. 100 CLEARWATER, FL 33760	14175 ICOT BLVD., STE. 100 CLEARWATER, FL 33760

02082006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1217609
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGHRAM, BOB
14175 ICOT BLVD., STE. 100
CLEARWATER, FL 33760

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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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JOHNSON, DAN
STREET ADDRESS	14175 ICOT BLVD., STE. 100
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	MGR
NAME	REDMOND, JOHN
STREET ADDRESS	14175 ICOT BLVD., STE. 100
CITY-ST-ZIP	CLEARWATER, FL 33760
TITLE	MGR
NAME	TROSCLAIR, LOU T
STREET ADDRESS	8 ISLA BAHIA DR.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/06-80016-025 50.00

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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: DAN JOHNSON 2-9-06 7175243402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #