

2001 UNIFORM BUSINESS REPORT (UBR)

0007044 AF

DOCUMENT # A990000000063

1. Entity Name

ALPHA STRATEGIC MANAGEMENT, LTD.

FILED

JUN -4 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

~~11300 U.S. HIGHWAY 1, SUITE 400~~
~~NORTH PALM BEACH FL 33408~~
3801 PGA Blvd - Suite 803
Palm Beach Gardens, FL 33410

~~11300 U.S. HIGHWAY 1, SUITE 400~~
~~NORTH PALM BEACH FL 33408~~
3801 PGA Blvd - Suite 803
Palm Beach Gardens, FL 33410

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0879509

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500-EAST
WEST PALM BEACH FL 33401

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

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

20,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L99000000209
NAME ALPHA STRATEGIC MANAGEMENT, L.L.C.
STREET ADDRESS 11300 U.S. HIGHWAY 1, SUITE 400
CITY-ST-ZIP NORTH PALM BEACH FL 33408

STREET ADDRESS
CITY-ST-ZIP 300004420573--7
-06/14/01 01100-022
*****237.50 *****237.50

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Robert H. Fasolo 4/23/01 (561)624-9998

Date

Daytime Phone #

CR2E003 (11/00)