


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90192 008 ****50.00

DOCUMENT # L00000004250	
1. Entity Name ALPHA ONE LLC	

Principal Place of Business 8895 N. MILITARY TRAIL, SUITE E-201 PALM BEACH GARDENS, FL 33410	Mailing Address 8895 N. MILITARY TRAIL, SUITE E-201 PALM BEACH GARDENS, FL 33410
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44032643



2. Principal Place of Business 600 Sandtree Drive Suite, Apt. #, etc. Suite 109 City & State Palm Beach Gardens, FL Zip 33403 Country USA	3. Mailing Address 600 Sandtree Drive Suite, Apt. #, etc. Suite 109 City & State Palm Beach Gardens, FL Zip 33403 Country USA
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04132004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent MCDONALD, DONNA CAPITAL REALTY ADVISORS, INC, 8895 N MILITARY TRAIL, SUITE E-201 PALM BEACH GARDENS, FL 33403	7. Name and Address of New Registered Agent Name Donna McDonald Street Address (P.O. Box Number is Not Acceptable) c/o Capital Realty Advisors, Inc. 600 Sandtree Drive, Suite 109 City Palm Beach Gardens FL Zip Code 33403
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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 *Donna McDonald* DATE 4-15-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANDE, LAWRENCE A JR 8895 N MILITARY TRAIL, SUITE E-201 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 Sandtree Drive, Suite 109 Palm Beach Gardens, FL 33403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lawrence A Pande* DATE 4-15-04 561-624-5888

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