

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004250

FILED
Apr 02, 2009
Secretary of State

Entity Name: ALPHA ONE LLC

Current Principal Place of Business:

600 SANDTREE DRIVE
SUITE 109
WEST PALM BEACH, FL 33403

New Principal Place of Business:

Current Mailing Address:

600 SANDTREE DRIVE
SUITE 109
WEST PALM BEACH, FL 33403

New Mailing Address:

FEI Number: 65-0998970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, DONNA
CAPITAL REALTY ADVISORS, INC,
600 SANDTREE DRIVE, SUITE 109
PALM BEACH GARDENS, FL 33403 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/MANAGERS:

Title: MGRM () Delete
Name: PANDE, MAUDE E
Address: 18345 SE VILLAGE CIRCLE DRIVE
City-St-Zip: TEQUESTA, FL 33469

Title: MGRM () Delete
Name: PANDE, JAMES R
Address: 19161 SE REACH ISLAND LANE
City-St-Zip: JUPITER, FL 33458

Title: MGRM () Delete
Name: GESCHIEDLE, DANIEL
Address: 6484 SE SPY GLASS LANE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, 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: JAMES R. PANDE

MGRM

04/02/2009

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