


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

08-02-2004 90114 035 ****50.00

DOCUMENT # L01000005670 1. Entity Name ALEXANDER PROPERTIES, LLC					
Principal Place of Business 5041 WEST CYPRESS, SUITE 300 TAMPA, FL 33679			Mailing Address P.O. BOX 18082 TAMPA, FL 33679		
2. Principal Place of Business 1408 N. WESTSHORE BLVD Suite, Apt. #, etc. SUITE 116		3. Mailing Address 1408 N. WESTSHORE BLVD Suite, Apt. #, etc. SUITE 116			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3712613	
Zip 33607		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MERRILL, RANDOLPH S 5041 WEST CYPRESS, SUITE 300 TAMPA, FL 33679			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRILL, RANDOLPH S 5041 W CYPRESS, SUITE 300 TAMPA, FL 33679	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRILL, RANDOLPH S 5041 W CYPRESS, SUITE 300 TAMPA, FL 33679	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRILL, RANDOLPH S 5041 W CYPRESS, SUITE 300 TAMPA, FL 33679	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MERRILL, RANDOLPH S 5041 W CYPRESS, SUITE 300 TAMPA, FL 33679	<input type="checkbox"/> Delete			
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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					