2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100005670

1. Entity Name

ALEXANDER PROPERTIES, LLC



FILED Mar 06, 2003 8:00 am Secretary of State 03-06-2003 90001 050 ****50.00

Principal Place of Business 5041 WEST CYPRESS, SUITE 300 TAMPA FL 33679		Mailing Address P.O. BOX 18082 TAMPA FL 33679	P.O. BOX 18082			ikis arı karaz isası danış barisi daris	BBH BBIRL BHR BRU I	al ii er ii ieli	
2. Principal Pl	lace of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Num	4. FEI Number 59-3712613 Applied F			}
Zip	Country	Zip	Country		5. Certificate of Status Desired Specificate of Status Desired Fee Re			Additional equired	
•	6. Name and Address of Cu	arrent Registered Agent	7. Na			me and Address of New Registered Agent			
				Name					
MERRILL, RANDOLPH'S 5041 WEST CYPRESS, SUITE 300 TAMPA FL 33679					Street Address (P.O. Box Number is Not Acceptable)				
i	_			City			FL Zip Coo	de	-
9. The shave	named antity sylphic states	nent for the purpose of changing it	to registers	d office or registe	rod agent or h	anth in the State of Florida		and account	1
the obligati	ions of registered agent.	nent for the purpose of changing i	is registere	a onice or registe	sied agent, or t	ootii, iii the State of Florida.	Tan laninal with	, апо ассерс	
SIGNATURE _	Signature, typed or printed name of registers	d agent and title if applicable. (NC	OTE: Registered	Agent signature require	ad when reinstating)		DATE		ľ
•		Make Check Payal	ble to Flo	-]
				y 1, 2003					1
9.	MANAGING M	MEMBERS/MANAGERS	10.			ADDITIONS/CHA			┨;
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STREET ADDRESS	5041 W CYPRESS, SUITE	300		ET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33679		CITY-	ST-ZIP					
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STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
11. I hereby c	ertify that the information supplie	ed with this filing does not qualify f	or the exen	nption stated in S	ection 119.07(3	3)(i), Florida Statutes. I furth	ner certify that the i	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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #