

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90023 021 ****50.00

DOCUMENT # L01000011012

1. Entity Name
ALEXANDRIA POINTE, LC



Principal Place of Business
**1399 WEST STATE ROAD 434
LONGWOOD FL 32750**

Mailing Address
**1399 WEST STATE ROAD 434
LONGWOOD FL 32750**

2. Principal Place of Business
115 N MAITLAND AV
Suite, Apt. #, etc.

3. Mailing Address
115 N MAITLAND AV
Suite, Apt. #, etc.

City & State
ALTAMONTE SPRINGS FL
Zip
32701
Country
USA

City & State
ALTAMONTE SPRINGS FL
Zip
32701
Country
USA

4. FEI Number **59-3726783**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALKER, BERRY J JR, ESQ
C/O WALKER & TUDHOPE, P.A.
235 MAITLAND AVENUE SOUTH, SUITE 216
MAITLAND FL 32751**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MURRAY, MICHAEL E
1399 WEST STATE ROAD 434
LONGWOOD FL 32750** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Michael Murray

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

2/19/03

Date

407-331-4300

Daytime Phone #

CR2E083 (10/02)