


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000021740</b> 1. Entity Name ALAMO, TX POST OFFICE, L.L.C.	
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Principal Place of Business 17455 1ST. E. ST. PETERSBURG, FL 33708 US	Mailing Address P.O. BOX 8978 MADEIRA BEACH, FL 33738
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01162005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1156068	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BAKER, CHARLES N 17455 1ST. E. ST. PETERSBURG, FL 33708
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**DO NOT WRITE  
IN THIS SPACE**

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 reestablishing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.


**Filing Fee is \$50.00  
Due by May 1, 2005**

U00000191034  
01/24/05-80159-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAKER, CHARLES 17455 1 ST. E. ST. PETERSBURG, FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FILTZMOYER, ANDREA 6500 68 AVENUE N PINELLAS PARK, FL 33781
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **1-16-05** **727-395-0111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #