

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021740

FILED
Apr 03, 2007
Secretary of State

Entity Name: ALAMO, TX POST OFFICE, L.L.C.

Current Principal Place of Business:

17455 1ST. E.
ST. PETERSBURG, FL 33708 US

New Principal Place of Business:

734 BEARSLIDE HOLLOW
DAHLONEGA, GA 30533 US

Current Mailing Address:

P.O. BOX 8978
MADEIRA BEACH, FL 33738

New Mailing Address:

P.O. BOX 1685
DAHLONEGA, GA 30533

FEI Number: 65-1156068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKER, CHARLES N
17455 1ST. E.
ST. PETERSBURG, FL 33708 US

Name and Address of New Registered Agent:

BAKER, CHARLES N
734 BEARSLIDE HOLLOW
DAHLONEGA, FL 30533 US

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:

04/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAKER, CHARLES
Address: 17455 1 ST. E.
City-St-Zip: ST. PETERSBURG, FL 33708

Title: MGR (X) Delete
Name: FOLTZMOYER, ANDREA
Address: 6500 68 AVENUE N
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAKER, CHARLES
Address: 734 BEARSLIDE HOLLOW
City-St-Zip: DAHLONEGA, GA 30533

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES N. BAKER

MGRM

04/03/2007

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