2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# L03000000046

Entity Name: ALPHA ISLAND PROPERTIES L.L.C.

Current Principal Place of Business:

2395 N. COURTENAY PARKWAY # 102
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

2395 N. COURTENAY PARKWAY # 102
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 56-2315793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONSTANTINIDE, MICHAEL F
3207 BUCKINGHAM LANE
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	CONSTANTINIDE, MICHAEL F	
Address:	3207 BUCKINGHAM LANE	
City-St-Zip:	COCOA, FL 32926	
Title:	MGRM	( ) Delete
Name:	CONSTANTINIDE, ROXANA D	
Address:	3207 BUCKINGHAM LANE	
City-St-Zip:	COCOA, FL 32926	
Title:	MGM	( ) Delete
Name:	CONSTANTINIDE, JOHN M	
Address:	3207 BUCKINGHAM LANE	
City-St-Zip:	COCOA, FL 32926	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL F. CONSTANTINIDE MGRM 02/03/2009

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