


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90105 039 ****55.00

DOCUMENT # L03000001945			
1. Entity Name THE ALEXANDER GROUP, LLC			
Principal Place of Business 4226 S.W. 182ND DRIVE NEWBERRY, FL 32669		Mailing Address 4226 S.W. 182ND DRIVE NEWBERRY, FL 32669	
2. Principal Place of Business <i>25370 W. Newberry Rd</i>		3. Mailing Address <i>P.O. Box 1027</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>NEWBERRY FLORIDA</i>		City & State <i>NEWBERRY, FL</i>	
4. FEI Number 59-3765265		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVENUE, SUITE 1500 ORLANDO, FL 32803		7. Name and Address of New Registered Agent	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and filer (Applicant)		(NOTE: Registered Agent signature required when recasting)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OELRICH, IVAN	NAME	<i>LLOYD G. KELLY</i>
STREET ADDRESS	4226 SW 182ND DRIVE	STREET ADDRESS	<i>11550 SW 15TH AVENUE</i>
CITY - ST - ZIP	NEWBERRY, FL 32669	CITY - ST - ZIP	<i>CEPRAR, KEY, FL 32625</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>Lloyd G. Kelly</i>		Date: <i>1-17-05</i> 352-472-6900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	