



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90060 007 ****50.00

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|---|---|---|--|--|--|
| DOCUMENT # L03000003693 1. Entity Name ALPHA PROPERTY MANAGERS, LLC | | | |  | |
| Principal Place of Business 444 BRICKELL AVENUE, SUITE 210 MIAMI, FL 33131 | | | Mailing Address 444 BRICKELL AVENUE, SUITE 210 MIAMI, FL 33131 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 04192004 Chg-LLC CR2E083 (10/03) | |
| Zip | | Country | | 4. FEI Number 57-1150396 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name BLUE RIVER, LLC Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVE. SUITE 210 City MIAMI FL Zip Code 33131 | | |
| 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 _____ 04/19/2004 <small>Signature, typed or printed not to be used for agent and LLC if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BLUE RIVER, LLC 444 BRICKELL AVENUE, SUITE 210 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 04/19/04 (305) 372-0095 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |