

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004 8:00 am
Secretary of State

07-02-2004 90059 001 ****50.00

DOCUMENT # L03000007790

1. Entity Name
ALPHA BETA LAND COMPANY LIMITED COMPANY



Principal Place of Business
**806 W. COLUMBUS DR.
TAMPA, FL 33602**

Mailing Address
**806 W. COLUMBUS DR.
TAMPA, FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

45-0506913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, JOHN M
806 W. COLUMBUS DR.
TAMPA, FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PROFESSIONAL REHAB INC.
806 W. COLUMBUS DR.
TAMPA, FL 33602** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/30/04 813-309-9988

JOHN M. BAKER 04-04
806 W. COLUMBUS DRIVE
TAMPA, FL 33602

TERRACE BANK
P.O. BOX 15828
Temple Terrace, Florida 33667-6828
63-1302/631

000532

6/30/2004

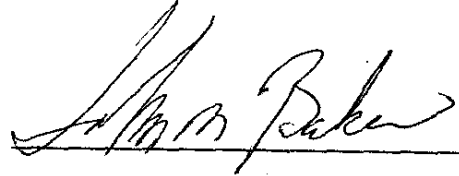
PAY TO THE ORDER OF FLORIDA DEPARTMENT OF STATE

**50.00

Fifty and 00/100*****

DOLLAR:

FLORIDA DEPARTMENT OF STATE
Annual Business Report for
Alpha Beta Land Company
Due by Sep 8 2004



MEMO

JOHN M. BAKER
TERRACE BANK

FLORIDA DEPARTMENT OF STATE

6/30/2004

000532

50.00

KENSINGTON CH

50.00

JOHN M. BAKER
TERRACE BANK

FLORIDA DEPARTMENT OF STATE

6/30/2004

000532

50.00

KENSINGTON CH

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