

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009422

Entity Name: ALPHA RESOURCES LLC

FILED  
Jan 06, 2004  
Secretary of State

## Current Principal Place of Business:

330 BLUEFISH DRIVE  
#242  
FORT WALTON BEACH, FL 32548 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 20271  
ROANOKE,, VA 24018 US

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARRISH, THOMAS G  
330 BLUEFISH DRIVE  
#242  
FORT WALTON BEACH, FL 32548 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: PARRISH, THOMAS G  
Address: P. O. BOX 20271  
City-St-Zip: ROANOKE,, VA 24018 US

Title: MGRM ( ) Delete  
Name: GRIFFITH, LARRY S  
Address: P. O. BOX 20271  
City-St-Zip: ROANOKE,, VA 24018 US

## ADDITIONS/CHANGES:

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 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 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: THOMAS GARY PARRISH

MGR

01/06/2004

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