

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016704

Entity Name: ALFA DIVERS, LLC

FILED
Mar 06, 2008
Secretary of State

Current Principal Place of Business:

392 H. GOLFPVIEW ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

364 GOLFPVIEW RD.
505
NORTH PALM BEACH, FL 33408

Current Mailing Address:

392 H. GOLFPVIEW ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

364 GOLFPVIEW RD.
505
NORTH PALM BEACH, FL 33408

FEI Number: 36-4530437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, BRUCE
11467 RIVERWOOD PLACE, 12 OAKS
NORTH PALM BEACH, FL 33408 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: ALFA FAMILY LIMITED P, ARTNERSHIP, LL P
Address: 392 H GOLFPVIEW RD
City-St-Zip: WEST PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALFA FAMILY LIMITED P, ARTNERSHIP, LL P
Address: 364 GOLFPVIEW RD. #505
City-St-Zip: NORTH PALM BEACH, FL 33408

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: DAVID COSTAKOS

MGRM

03/06/2008

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