

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020720

**FILED**  
**Apr 14, 2005**  
**Secretary of State**

**Entity Name:** ALPHA AND OMEGA MARKETING AND DISTRIBUTION COMPANY, LLC

**Current Principal Place of Business:**

12751 WESTLINKS DR  
FORT MYERS, FL 33913

**New Principal Place of Business:**

801 ANCHOR RODE DRIVE  
SUITE 300  
NAPLES, FL 34103 US

**Current Mailing Address:**

12751 WESTLINKS DR  
FORT MYERS, FL 33913

**New Mailing Address:**

801 ANCHOR RODE DRIVE  
SUITE 300  
NAPLES, FL 34103 US

**FEI Number:** 87-0698762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERS, BONITA  
4824 BENCHMARK CT  
SARASOTA, FL 34238 US

**Name and Address of New Registered Agent:**

CHANDLER, DEBORAH  
801 ANCHOR RODE DRIVE  
SUITE 300  
NAPLES, FL 34103 US

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:** DEBORAH CHANDLER

04/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** MCCLURG, RANDALL L GM  
**Address:** 146 SE 20TH ST.  
**City-St-Zip:** CAPE CORAL, FL 33990

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** CHANDLER, DEBORAH  
**Address:** 801 ANCHOR RODE DRIVE  
**City-St-Zip:** NAPLES, FL 34103 US

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:** DEBORAH CHANDLER

MGR

04/14/2005

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