2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 08, 2005 8:00 am Secretary of State

| | ANNUAL REPORT | | | | | | | Secretary of State | | | | | |
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| DOCUN 1. Entity Name ALPHA BI | 9 . | , | | 327 | | | | | | | • |)23 ****5 | |
| Principal Place of Business | | | | Mailing Address | | | | 20008348 | | | | | |
| 2030 NE 52ND ST- FT LAUDERDALE, FL 23308 | | | 2030 NE 52ND ST- FT LAUDERDALE, FL 33308 | | | | | | | | | | |
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| 2. Principal Place of Business 3 TO EAST TICNAB RA | | | 3. Mailing Address 370 EAST MCNAB PD | | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 01122005 | Chg-LL | С . | CR2E | 083 (10/03) | ٠ | | |
| Port PA | NO P | | R | Portine State | | R. | | 4. FEI Num 14-18 | ber 96239 | | | N | oplied For ot Applicable |
| 3306 | | | S.A. | Zip ろうのらの | Coun | A S A | | l | te of Status De | | ₩. | \$5.00 Ad Fee Require | |
| | 6. Name | and Addres | s of Current F | Registered Agent | | Name | | | nd Address of | | gistered | Agent | |
| SCHRODE 1 2951 NOF G ORAL SF | THWES | F 95TH 9 1 | FREET | • | | Sch | ddress (| | D AUID nber is Not Acc | | Str | LBET | |
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| | named entitions of real | | s statement for | the purpose of changing | its register | ed office or | register | ed agent, or b | ooth, in the Sta | te of Flor | ida. Lam | familiar with | and accept |
| | C. | ZX (· | . 7 | S U GOUZE | | | | | | | 11 | | i |
| SIGNATURE . | Signature, typed | or printed name of | | | NOTE: Registere | od Agent signati | ure required | when reinstating) | | | DATE | 02 | :- |
| Fi | Signature, typed ling Fee i ue by May | is \$50.00 y 1, 2005 | of registered agent a | nd title if applicable. (| | ed Agent signati | , ure required | when reinstating) | | Florida | Départi | payable to | te. |
| Fi De | ling Fee i | is \$50.00 y 1, 2005 | of registered agent a | nd title if applicable. (| 10. | ed Agent signati | | | ADD | Florida | | nent of Sta | |
| 9. | ling Fee ue by May | is \$50.00 y 1, 2005 MANA | of registered agent a | nd title if applicable. (| 10. Tift | ed Agent signati | 1-10 | ieH. | | Florida | Depart r | nent of Sta | Addition |
| Fi De | ling Fee lue by May | MANA ER, DAVID | of registered agent a | nd title if applicable. (RS/MANAGERS Delete | 10. | ed Agent signati | 1-9 C | i e m Hodse | | Florida TIONS/G | Departr CHANGE | S Change | |
| 9. TITLE | MGRM SCHROD 12351 NG | MANA ER, DAVID | GING MEMBE | nd title if applicable. (RS/MANAGERS Delete | 10. Title Naa Str | ed Agent signation E AE EEET ADDRESS Y-ST-ZIP | 1-10 5C+ 2-0 Fo& | iem Hodsr 130 hi | . DAY | Florida TIONS/G | Departi CHANGE | S Change | Addition |
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11. I hereby certify that the information supplied with this filling 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 frue 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 rescriber or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID'U. SCHROD'S 1 12 05 954 7