

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-08-2005 90076 023 ****55.00

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DOCUMENT # L03000027327 1. Entity Name ALPHA BUSINESS CENTER, LLC					
Principal Place of Business 2030 NE 52ND ST FT LAUDERDALE, FL 33308			Mailing Address 2030 NE 52ND ST FT LAUDERDALE, FL 33308		
2. Principal Place of Business 370 EAST MCNAB RD		3. Mailing Address 370 EAST MCNAB RD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State POMPAHO BEACH, FL		City & State POMPAHO BEACH, FL		4. FEI Number 14-1896239	
Zip 33060		Country U.S.A.		Applied For Not Applicable	
Zip 33060		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHRODER, DAVID V 12351 NORTHWEST 35TH STREET CORAL SPRINGS, FL 33066			7. Name and Address of New Registered Agent Name SCHRODER, DAVID V. Street Address (P.O. Box Number is Not Acceptable) 2830 N.E. 52nd STREET City FORT LAUDERDALE FL Zip Code 33308		
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 DAVID V. SCHRODER DATE 1/12/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHRODER, DAVID V 12351 NORTHWEST 35TH STREET CORAL SPRINGS, FL 33066	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHRODER, DAVID V 2830 N.E. 52nd STREET FORT LAUDERDALE, FL 33308
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILLATO, EUGENIO 12351 NORTHWEST 35TH STREET CORAL SPRINGS, FL 33066	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILLATO, EUGENIO 2453 S.E. 15th STREET POMPAHO BEACH, FL 33062
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: DAVID V. SCHRODER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/12/05 Daytime Phone # 954 788 1741		