

May 16 05 02:25p

Holland CPA

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90376 048 \*\*\*\*50.00

<b>DOCUMENT #</b> <u>10300003840</u>			
1. Entity Name <b>Alexander Investments LLC</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>1559 Heights Court</b>		3. Mailing Address <b>1559 Heights Court</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Marco Island, FL</b>		City & State <b>Marco Island, FL</b>	
Zip <b>34145</b>	Country	Zip <b>34145</b>	Country
4. FEI Number <b>56-2413873</b>		Applied For <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> <input type="checkbox"/> <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
7. Name and Address of Current Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City <b>FL</b> Zip Code			
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			
Signature, typed or printed name of registered agent and title if applicable.			
DATE			
<div style="border: 1px solid black; padding: 5px;"> <b>DO NOT WRITE IN THIS SPACE</b> </div>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			
TITLE	<b>Mgrm</b>	TITLE	
NAME	<b>Alexander, Michael D</b>	NAME	
STREET ADDRESS	<b>1559 Heights Court</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	CITY-ST-ZIP	
TITLE	<b>Mgrm</b>	TITLE	
NAME	<b>Alexander, Elizabeth A</b>	NAME	
STREET ADDRESS	<b>1559 Heights Court</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>Marco Island, FL 34145</b>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>			
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: <u>Michael D Alexander</u> <b>Michael D Alexander, Mgrm</b> <u>5/1/05</u> <u>239-389-6945</u>			
<div style="display: flex; justify-content: space-between;"> <span>SIGNATURE REPRODUCED BY TYPED OR PRINTED NAME OF SIGNER OR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</span> <span>Date</span> <span>Daytime Phone #</span> </div>			

CR2003B (2/02)