


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000056572 1. Entity Name: ALPHA CONTRACTING L.C.	
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Principal Place of Business 4616 5TH AVE. ST. AUGUSTINE, FL 32095	Mailing Address 4616 5TH AVE. ST. AUGUSTINE, FL 32095
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DO NOT WRITE IN THIS SPACE

03062005No Chg-LLC	CR2E083 (10/03)
4. FEI Number 52-2421995	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KINSEY, CARL M 4616 5TH AVE. ST. AUGUSTINE, FL 32095
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**DO NOT WRITE
IN THIS SPACE**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINSEY, CARL M 4616 5TH AVE. ST. AUGUSTINE, FL 32095
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1100000255690
03/08/05-80025-010 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: _____ Daytime Phone #: _____