#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L04000002023

1. Entity Name

ALPHA PLANNING GROUP, LLC



FILED May 02, 2007 08:00 A Secretary of State

Principal Place of Business

67 TRANQUILITY LANE DESTIN, FL 32541 US Mailing Address

67 TRANQUILITY LANE DESTIN, FL 32541 US



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04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-0150970 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CURTIS, DAN 67 TRANQUILITY LANE DESTIN, FL 32541

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8	<ul> <li>The above named entity submits this statement for the purpose of chan the obligations of registered agent.</li> </ul>	ging its registered office or registered agent,	or both, in the State of Florida.	I am familiar with, and accept
s	IGNATURE	(NOTE: Registered Agent signature required when reinstall	ang)	DATE
	Filling For in \$50.00			<del></del>

Filing Fee is \$50.00 Due by May 1, 2007

U00000757432 05/23/07-80071-011 so co

MANAGING MEMBERS/MANAGERS **MGRM** TITLE **CURTIS. DAN** NAME **67 TRANQUILITY LANE** STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 MGRM TITLE FLOYD, JEFF NAME 4915 FOUR OAKS CT STREET ADORESS CITY-ST-7IP ATLANTA, GA 30360 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JKE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/30/07

(850)654-73;

Daytime Phone