

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019638

Entity Name: ALPHA HOSPITALITY, LLC

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

7019 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32220

New Principal Place of Business:

Current Mailing Address:

2300 PHILLIPS HWY
JACKSONVILLE, FL 32207

New Mailing Address:

7019 COMMONWEALTH AVENUE
JACKSONVILLE, FL 32220

FEI Number: 01-0812929

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, ISHWAR
8252 WESTPORT ROAD
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PATEL, ISHWAR
Address: 8252 WESTPORT ROAD
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGRM () Delete
Name: BRAHMBHATT, PANKAJ
Address: 1181 AIRPORT ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Delete
Name: MASTER, KIRTIBHAI(KISO)
Address: 2300 PHILLIPS HWY
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ISHWAR PATEL

MGR

01/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date