2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000020912

1. Entity Name
THE ALEXA PROPERTY, LLC



FILED Apr 11, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

320 SOUTH DELAWARE AVENUE TAMPA, FL 33606-2106

2626 N DUNDEE STREET TAMPA, FL 33629-7538



03052008 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 16-1700610

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

LOPEZ, ESTELLE

NACT MEDITE

2626 N DUNDEE STREET TAMPA, FL 33629-7538			IN THIS SPACE	
3. 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, typed or printed name of regretated agent and title if applicable.		(NOTE: Registered Agent agreeture required when registrating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2006			U00000501994 04/25/08-80082-020 150.00	
9. TITLE NAME STREET ADDRESS CITY-ST-IP	MANAGING MEMBERS/MANAGERS MGRD LOPEZ, ESTELLE 2826 N DUNDEE STREET TAMPA, FL 336297538			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .		
TITLE NAME STREET ADDRESS CITY-ST-7P				

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 eath; 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:

TITLE HAMI STREET ADDRESS CITY-ST-ZP

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

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