


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000031017</b> 1. Entity Name <b>ALPHA LAND, LLC</b>	
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Principal Place of Business <b>P. O. BOX 5067 NAVARRE, FL 32566</b>	Mailing Address <b>P. O. BOX 5067 NAVARRE, FL 32566</b>
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03172006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>81-0648637</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>KILLINGSWORTH, ROBERT L 2013 HWY 87 NAVARRE, FL 32566</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000475161  
04/05/06-80004-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CREET PROPERTIES, LLC P.O. BOX 5067 NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIRACLE STRIP ENTERPRISES, LTD 3650 KOREY LANE NAVARRE, FL 32566
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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:**  **3/17/06** **850-839-2550**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #