


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90039 038 ****50.00

| | | | | | |
|---|--|---------------------------------|---|---|--|
| DOCUMENT # L04000031064 | | | |  | |
| 1. Entity Name ALPHA SUMMERHILL LLC | | | | | |
| Principal Place of Business 2806 NE 29TH ST FORT LAUDERDALE, FL 33306 | | | Mailing Address 2806 N.E. 29TH STREET FT. LAUDERDALE, FL 33306 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03142007 Chg-LLC CR2E083 (12/06) | |
| 4. FEI Number 20-1042133 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BENTIVOGLIO, ALFREDO 4200 NW 16 STREET, SUITE 600A LAUDERHILL, FL 33313 | | | Name Werchowsky, Joel Street Address (P.O. Box Number is Not Acceptable) 2806 NE 29 Street City Fort Lauderdale FL Zip Code 33306 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BENTIVOGLIO, ALFREDO 4200 NW 16 STREET, SUITE 600A LAUDERHILL, FL 33313 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP 3220 NE 56 Court Fort Lauderdale, FL 33308 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WERCHOWSKY, JOEL M 2806 NE 29TH ST FORT LAUDERDALE, FL 33306 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 <i>Joel Werchowsky</i> JOEL WERCHOWSKY | | | 4/14/07 9546309764 <small>Date Daytime Phone #</small> | | |