


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90055 033 ****50.00

DOCUMENT # L04000032556

1. Entity Name
 ALPHA NITRO PROPERTIES, L.L.C.



Principal Place of Business
 18751 BASCOMB LANE
 HUDSON, FL 34667

Mailing Address
 18751 BASCOMB LANE
 HUDSON, FL 34667

20063046



2. Principal Place of Business
 5803 Hiddell Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 5803 Hiddell Dr.
 Suite, Apt. #, etc.

07122005 Chg-LLC CR2E083 (10/03)

City & State
~~New Port Richey~~ FL, New Port Richey FL.

Zip Country
 34652 US, 34652 US.

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCCANN, PAUL D
 18751 BASCOMB LANE
 HUDSON, FL 34687

7. Name and Address of New Registered Agent
 Name: McCann, Paul D.
 Street Address (P.O. Box Number is Not Acceptable): 5803 Hiddell Dr.
 City: New Port Richey FL, FL Zip Code: 34652

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: McCann, Paul D. Paul D. McCann 7/19/05
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 7, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCANN, PAUL D 18751 BASCOMB LANE HUDSON, FL 34687 <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
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 exemption stated in Section 119.07(3)(i), 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: McCann, Paul D. Paul D. McCann 7/19/05 727-809-2069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #