

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037365

Entity Name: ALEXANDER VENTURES, LLC

FILED
Mar 15, 2005
Secretary of State

Current Principal Place of Business:

23085 AQUA VIEW
SUITE #5
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

23085 AQUA VIEW
SUITE #5
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, JEFFREY M
23085 AQUA VIEW
SUITE #5
BOCA RATON, FL 33433 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/MEMBERS:

Title: MGR () Delete
Name: ALEXANDER, JEFFREY M
Address: 23085 AQUA VIEW, #5
City-St-Zip: BOCA RATON, FL 33433

Title: MGR () Delete
Name: ALEXANDER, GREGORY
Address: 1101 RIVER REACH DRIVE, #106
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: MGR () Delete
Name: ALEXANDER, LINDSEY
Address: 1101 RIVER REACH DRIVE, #106
City-St-Zip: FORT LAUDERDALE, FL 33315

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 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 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: JEFFREY M. ALEXANDER

MGR

03/15/2005

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