2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# L05000025597

Entity Name: ALPHA MANAGEMENT LLC

Current Principal Place of Business:

611 S DIXIE FRWY
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

3539 TUSCANY RESERVE BLVD
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

611 S DIXIE FRWY
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 20-0698076 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYER, SHARON A
397 SILVER BEACH
DAYTONA BEACH, FL 32114 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/MANAGERS:

Title:	MGR	( ) Delete
Name:	BOYER, SHARON A	
Address:	397 SILVER BEACH	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	MGR	(X) Delete
Name:	BOYER, ROBERT	
Address:	397 SILVER BEACH DR	
City-St-Zip:	DAYTONA BECH, FL 32114	
Title:	MGR	(X) Delete
Name:	MITCHELL, HEATHER	
Address:	611 S DIXIE FRWY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32168	

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 Chapter 119, 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: SHARON A BOYER MGRM 02/14/2007

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