


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90022 004 ****50.00

DOCUMENT # L05000046814

1. Entity Name
ALEXANDER PROPERTY, LLC



20025297

Principal Place of Business 135 SECOND AVENUE, NORTH SUITE 2 JACKSONVILLE BEACH, FL 32250 US	Mailing Address 135 SECOND AVENUE, NORTH SUITE 2 JACKSONVILLE BEACH, FL 32250 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. Suite 2	Suite, Apt. #, etc. Suite 2
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03222006 Chg-LLC CR2E083 (11/05)

City & State	City & State
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4. FEI Number 20-3028491	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

HOWARD, DENNIS L
 1506 PRUDENTIAL DRIVE
 SUITE 209
 JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANDER, JAMES M 135 SECOND AVENUE NORTH JACKSONVILLE BEACH, FL 32207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James M. Alexander* **JAMES M. ALEXANDER** 3/30/06 90492 7436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #