2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057668

City-St-Zip:

Entity Name: ALEXANDER-WILCOX, L.L.C.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4240 COUNTY ROAD NORTH GULF STREAM, FL 33483				1445 N. CONGRESS AVE. SUITE 14 DELRAY BEACH, FL 33445			
Current Mailing Address:				New Mailing Address:			
4240 COUNTY ROAD NORTH GULF STREAM, FL 33483				1445 N. CONGRESS AVE. SUITE 14 DELRAY BEACH, FL 33445			
FEI Number: 42-1671765 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	J. REEVE TH AVENUE BEACH, FL 334	483 US					
	e named entity s e of Florida.	submits this statement for the p	ourpose o	f changing i	its registere	ed office or registered agent, or botl	
SIGNATUI	RE:						
Electronic Signature of Registered Agent				Date			
MANAGING MEMBERS/MANAGERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	OFF () BENNETT, PET 2522 AVENUE / GULF STREAM	NU SOLIEL		Title: Name: Address: City-St-Zip:	2522 AVEN	(X) Change () Addition PETER S OFFICER NUE AU SOLIEL EAM, FL 33483	
Title: Name: Address: City-St-Zip:	OFF () COOKE, BRENI 58 MISTY MEAI BOYNTON BEA	DOWS DRIVE		Title: Name: Address: City-St-Zip:	7712 4TH	(X) Change () Addition RENDAN OFFICER TERRACE RTH, FL 33463	
Title: Name: Address: City-St-Zip:	OFF () BENNETT, PET 58 MISTY MEAI BOYNTON BEA	DOWS DRIVE		Title: Name: Address: City-St-Zip:		() Change() Addition	
Title: Name:	()	Delete		Title: Name:	OFF COOKE, B	() Change (X) Addition RADLEY W OFFICER	

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.

City-St-Zip: LAKE WORTH, FL 33463

SIGNATURE: BWCOOKE, JR. OFF 04/11/2007