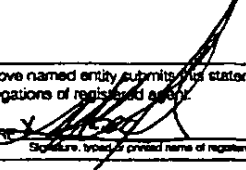
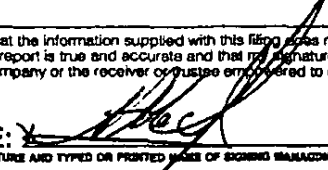


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
Aug 25, 2006 8:00 am
Secretary of State

07-21-2006 90082 026 ****50.00

DOCUMENT # L05000122008			
1. Entity Name ALEX CONTRACTOR, LLC			
Principal Place of Business 18 STR #9 SANTA ROSE BEACH, FL 32459		Mailing Address 10108 HWY 231 PANAMA CITY, FL 32404	
2. Principal Place of Business 20332 AVANT LN		3. Mailing Address 10108 HWY 231	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FOUNTAIN, FL		City & State PANAMA CITY, FL	
Zip 32438	Country U.S.A	Zip 32404	Country USA
4. Name and Address of Current Registered Agent SANCHEZ, HECTOR A SR 10108 HWY 231 PANAMA CITY, FL 32404		4. FEI Number 743155956 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		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 re-registering) DATE			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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: 		Date Daytime Phone #	