

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079048

FILED
Mar 12, 2009
Secretary of State

Entity Name: ALPHA THREE REALTY, LLC

Current Principal Place of Business:

5241 SNOWY HERON DR.
LAKELAND, FL 33812

New Principal Place of Business:

327 BEACHWOOD AVENUE
LEHIGH ACRES, FL 33936

Current Mailing Address:

5241 SNOWY HERON DR.
LAKELAND, FL 33812

New Mailing Address:

327 BEACHWOOD AVENUE
LEHIGH ACRES, FL 33936

FEI Number: 22-3941491

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUGH, JODIE
7392 HUNTERS GREENE CIRCLE
LAKELAND, FL 33810 US

Name and Address of New Registered Agent:

BAUGH, JODIE P
327 BEACHWOOD AVE
LEHIGH ACRES, FL 33936 US

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: JODIE P. BAUGH

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAUGH, JODIE
Address: 7392 HUNTERS GREENE CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: MRS () Delete
Name: BAUGH, JODIE
Address: 7392 HUNTERS GREENE CIR
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAUGH, JODIE
Address: 327 BEACHWOOD AVE
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MRS (X) Change () Addition
Name: BAUGH, JODIE
Address: 327 BEACHWOOD AVENUE
City-St-Zip: LEHIGH ACRES, FL 33936

I hereby certify that the information supplied with this filing does not qualify 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: JODIE P. BAUGH

MRS

03/12/2009

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