## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000080950



1. Entity Name

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90085 043 \*\*\*\*55.00

25.4 SQUITH RONALD REGAN BLVD, SUITE 124   25.4 SQUITH RONALD REGAN BLVD, SUITE 124   2.5 SQUITH RONALD REGAN BL	ALPHA G	SROUP 2000 LLC								
Suite, Apt. #. etc.	254 SOUTH RONALD REGAN BLVD., SUITE 124 254 SOUTH RONALD REGAN B			GAN BLVD., SUITE 124		. ARNA AKIN AANI BANI BA	181 <b>8818</b> 8 1 <b>8</b> 318 <b>83</b> 11	16   S  61 611   161	<b>1</b>	
City & State  City & State  City & State  City & State  Country  C	Principal Place of Business - No P.O. Box #									
Zi D Country Zi D Country S Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01032007	Chg-LLC	CR2E08	33 (12/06)		
S. Certificace O'Status Desired Man Fee Required  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SPEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR  MAMM, FL. 33145  City  City  City  City  FL. Zip Code  Make check payable to Florida. Lam familiar with, and accept the obligations of registered agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or born, in the State of Florida. Lam familiar with, and accept the obligations of registered agent.  SIGNATURE  Filling Fee is \$50.00 purple.  Make check payable to Florida Department of State  Parker LARRY T  SIREE ADDRESS  CITY ST 29  FILE  Change Addition  Make Check payable to Florida Department of State  CONGWOOD, FL 32750  Filling Fee is \$50.00 purple.  Make Check payable to Florida Department of State  Filling Fee is \$50.00 purple.  Make Check payable to Florida Department of State  Filling Fee is \$50.00 purple.  Make Check payable to Florida Department of State  Filling Fee is \$50.00 purple.  Make Check payable to Florida Department of State  Filling Fee is \$50.00 purple.  Make Check payable to Florida Department of State  Filling Fee is \$50.00 purple.  Make Check payable to Florida Department of State  Filling Fee is \$50.00 purple.  Filling Fee is \$50.00 purple.  Make Check payable to Florida. Lam familiar with, and accept the top of the filling Fee is \$50.00 purple.  Filling Fee is \$50.00 purple.  Filling Fee is \$50.00 purple.  Make Check payable to Florida. Lam familiar with, and accept the filling Fee is \$50.00 purple.  Filling Fee is \$50.00 purple.  Filling Fee is \$50.00 purple.  Make Check payable to Florida. Lam familiar with, and accept the filling Fee is \$50.00 purple.  Filling Fee is \$50.00 purple.  Filling Fee is \$50.00 purple.  Make Check payable to Florida. Lam familiar with, and accept the filling Fee is \$50.00 purple.  Filli	City & State		City & State		4. FEI Numb	394072	7			
Name	Zip	Country (	Zip	Country	5. Certificate	of Status Desired				
SPIEGEL & UTRERA, P.A. 14TH FLOOR MIAMI, FL 33145  City FL Zip Code  City FL Zip Cod		6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New F	Registered A	gent	-	
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 farmiliar with, and accept the obligations of registered agent are not of a applicable. INOTE Registered Agent agent are not of a purpose of changing its registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent are not of a purpose of changing its registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent.  SIGNATURE  FFITIITY For its \$55,000  Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MGR Delete  10. ADDITIONS/CHANGES  CITY ST alp  Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. ADDITIONS/CHANGES  CITY ST alp  Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. ADDITIONS/CHANGES  CITY ST alp  Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. LE  Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete  10. Change Addition  NAME  SIREET ADDRESS  CITY ST alp  TITLE  Delete	SPIEGEL & UTRERA, P.A.				Name					
MIAMI, FL 33145  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. Lam familiar with, and accept three obligations of registered agent and late 4 epistable (NOTE Registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of registered agent and late 4 epistable (NOTE Registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of registered agent and late 4 epistable (NOTE Registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept three obligations of Florida Department of State    Park				Street Address	(P.O. Box Numb	er is Not Acceptable	e)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE										
THE ODIGIDIONS OF registered agent.    SIGNATURE	.•			City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	9	
Filling Poe is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  TITLE MAME PARKER, LARRY T SIREET ADDRESS CITY-ST-2P  TITLE CITY-ST-2P  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE STREET A			or the purpose of changing its r	egistered office or registe	ered agent, or bo	th, in the State of Flo	orida. I am fa	amiliar with,	and accept	
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9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGR   Delete NAME   NAME   STREET ADDRESS   CITY-ST-ZIP   DELETE   DELETE   NAME		Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature require	ed when reinstating)		DATE			
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	STREET ADDRESS									
		certify that the information supplied with	this filing does not qualify for		d in Chanter 119	Florida Statutes 1 f	jurther certify	that the info	rmation	

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.