

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063189

Entity Name: ALPHAROCK, LLC

FILED  
Apr 16, 2009  
Secretary of State

## Current Principal Place of Business:

8675 NAPLES HERITAGE DRIVE, UNIT 424  
NAPLES, FL 341127714

## New Principal Place of Business:

8934 OLDE HICKORY AVENUE  
SARASOTA, FL 34238

## Current Mailing Address:

12 A MICA LANE  
WELLESELY, MA 02481

## New Mailing Address:

FEI Number: 64-0963088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DALY, WILLIAM P  
8675 NAPLES HERITAGE DRIVE, UNIT 424  
NAPLES, FL 341127714 US

## Name and Address of New Registered Agent:

DALY, WILLIAM P  
8934 OLDE HICKORY AVENUE  
SARASOTA, FL 34238 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:

04/16/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DALY, WILLIAM P  
Address: 8675 NAPLES HERITAGE DRIVE, UNIT 424  
City-St-Zip: NAPLES, FL 341127714

Title: MGRM ( ) Delete  
Name: DALY, DAVID J  
Address: 17 MICA LANE  
City-St-Zip: WELLESLEY, MA 02481

Title: MGRM ( ) Delete  
Name: O'NEILL, WILLIAM J JR.  
Address: 51 WINGERS CREEK ROAD  
City-St-Zip: GLOUCESTER, MA 01930

Title: MGRM ( ) Delete  
Name: SIDHOM, NADER  
Address: 75 BROOKLINE STREET  
City-St-Zip: NEEDHAM, MA 02492

Title: MGRM (X) Delete  
Name: ROAN, TIMOTHY C  
Address: P.O. BOX 6414  
City-St-Zip: DUBAI, U.A.E.,

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DALY, WILLIAM P  
Address: 8934 OLDE HICKORY AVENUE  
City-St-Zip: SARASOTA, FL 34238

Title: MGRM (X) Change ( ) Addition  
Name: DALY, DAVID J  
Address: 12A MICA LANE  
City-St-Zip: WELLESLEY, MA 02481

Title: MGRM (X) Change ( ) Addition  
Name: O'NEILL, WILLIAM J JR.  
Address: 51 WINGAERSHEEK ROAD  
City-St-Zip: GLOUCESTER, MA 01930

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID J. DALY

MGRM

04/16/2009

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