


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90321 013 ***138.75

| | |
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| DOCUMENT # L07000069206 |  |
| 1. Entity Name ALPHA CML LLC | |

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|--|---|
| Principal Place of Business 8675 NAPLES HERITAGE DRIVE UNIT #424 NAPLES, FL 34112 US | Mailing Address 27 MICA LANE SUITE 101 WELLESLEY, MA 02481 US |
|--|---|

00060014



| | | | |
|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 27 Mica Lane | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Wellesley, MA | |
| Zip | Country | Zip | Country |
| | | 02481 | US |

03282008 Chg-LLC CR2E083 (12/06)

| | |
|------------------------------------|---|
| 4. FEI Number 75-3246265 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|---|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| | |
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| 6. Name and Address of Current Registered Agent ALPHAROCK LLC 8675 NAPLES HERITAGE DRIVE UNIT #424 NAPLES, FL 34112 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ALPHAROCK LLC 8675 NAPLES HERITAGE DRIVE, UNIT #424 NAPLES, FL 34112 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X [Signature] 4/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #