


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2008 90321 047 ***138.75

DOCUMENT # L07000070050	
1. Entity Name ALPHA 332003 LLC	

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
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00026328



2. Principal Place of Business - No P.O. Box #		3. Mailing Address 12A Mica Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Wellesley, MA	
Zip	Country	Zip 02481	Country US

03282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 75-3246232		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

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
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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
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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:  **4/16/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #