

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90338 001 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60013640



DOCUMENT # L07000125654 1. Entity Name ALEXANDER HOLDINGS STUART, LLC			
Principal Place of Business 620 NW DIXIE HIGHWAY STUART, FL 34994		Mailing Address 620 NW DIXIE HIGHWAY STUART, FL 34994	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent IRWIN, DAVID 633 SOUTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name <u>David Irwin</u> Street Address (P.O. Box Number is Not Acceptable) <u>1500 Cordova Rd., Ste. 300</u> City <u>Ft. Lauderdale</u> FL Zip Code <u>33316</u>	
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 <u>D. Irwin</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>01/16/2008</u>	
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 ALEXANDER HOLDINGS, INC. 1001 FAIRVIEW AVE., STE. 1400 SEATTLE, WA 98109	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>Jan-17-2008</u> Daytime Phone # <u>866-931 1365</u>	