


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED 97 MAR 27 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company ALPHA ELEVEN LIMITED COMPANY 10936 N 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617		DOCUMENT # L93000000430 1a. Principal Place of Business Address 10936 N 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617		
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>				
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified 12/08/1993
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation FL
City & State		City & State		4. FEI Number 59-3213095
Zip	Country	Zip	Country	5. Date of Last Report 02/22/1996
7. Name and Address of Current Registered Agent WILLIAMS, BELVA 10936 56TH STREET SUITE 202 TEMPLE TERRACE FL 33617				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of New Registered Agent				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.				7. Date of Last Report 02/22/1996
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code
MGR	PROFESSIONAL REHAB I,	806 W. COLUMBUS DR.		TAMPA FL
MGR	BELVA WILLIAMS, INC.	10936 56TH STREET SUITE 20		TEMPLE TERRACE FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.				
SIGNATURE: Belva Williams <i>Belva Williams</i> 3-18-97 813/980-2851				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>				