,2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2005 08:00 AM Secretary of State

1. Entity Name ALEX, L.L.C.



Principal Place of Business

C/O BILL WELDEN
P.O. BOX 55465
BIRMINGHAM, AL 35255

Mailing Address

C/O BILL WELDEN P.O. BOX 55465 BIRMINGHAM, AL 35255



DO NOT WRITE IN THIS SPACE

01062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 63-1235929

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

(205)933-1020

Daytime Phone #

105

6. Name and Address of Current Registered Agent

LOVELL, STACY 3250 WHISPER LAKE LANE WINTER PARK, FL 32792

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and fills if applicable (NOTE Registered Agent and Silversed Agent Ag		(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WELDEN, WILLIAM B 1103 R. ARRINGTON, JR. BLVD SO. BIRMINGHAM, AL 35205		1100000178928
TITLE NAME STREET ADDRESS CITY-ST-ZIP			01/12/05-80048-020 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			
11. I 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 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. Alex. LCC			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE