2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M00000000159 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

FILED Jan 12, 2006 08:00 AM Secretary of State



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01062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 63-1235929 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

William B

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

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

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16/06

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 title if applicable.	(NOTE Registered	Agent signature required when reinstating)		DATE
Filing Fee is \$50.00 Due by May 1, 2006					
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WELDEN, WILLIAM B 1103 R. ARRINGTON, JR. BLVD SO. BIRMINGHAM, AL 35205				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				01/17/06-90(1289 107-006 50.00
TITLE NAME STREET ADDRESS GTY-ST-ZIP			DO	NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN ⁻	THIS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 regulred by Chapter 608, Florida Statutes.					