

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90105 031 \*\*\*138.75

DOCUMENT # M00000000159					
<b>1. Entity Name</b> ALEX, L.L.C.					
<b>Principal Place of Business</b> ATTN: CHUCK WELDON 2040 HIGHLAND AVENUE BIRMINGHAM, AL 35205			<b>Mailing Address</b> ATTN: CHUCK WELDON 2040 HIGHLAND AVENUE BIRMINGHAM, AL 35205		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> Suite, Apt. #, etc. P.O. Box 55465		60011394 	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 55465		01072008    Chg-LLC    CR2E083 (12/06)	
City & State		City & State Birmingham, AL		<b>4. FEI Number</b> 63-1235929	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip 35255		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  LOVELL, STACY 3250 WHISPER LAKE LANE WINTER PARK, FL 32792			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELDEN, WILLIAM B 1103 R. ARRINGTON, JR. BLVD SO. BIRMINGHAM, AL 35205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELDON, CHARLES V III 2040 HIGHLAND AVENUE BIRMINGHAM, AL 35205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Welden, Charles V III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALBERSTAAT, ALEX E 1110 WEST IVARHOE BLVD. #23 ORLANDO, FL 32804	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1110 Ivanhoe Blvd. #23 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>William B Welden</u> <i>Manager</i> <u>1/17/08</u> <u>(205)933-1020</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					