



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90262 010 ****50.00

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| DOCUMENT # M03000004123 | | | |  | | |
| 1. Entity Name ALEXANDER REAL ESTATE, L.L.C. | | | | | | |
| Principal Place of Business 1805 SAXON DR NEW SMYRNA BEACH, FL 32169 | | | Mailing Address 1805 SAXON DR NEW SMYRNA BEACH, FL 32169 | | | |
| 2. Principal Place of Business 3305 Hill St. Suite, Apt. #, etc. | | 3. Mailing Address 3305 Hill St. Suite, Apt. #, etc. | |  | | |
| City & State New Smyrna Beach FL | | City & State New Smyrna Beach, FL | | 03012006 Chg-LLC CR2E083 (11/05) | | |
| Zip 32169 | | Country Volusia | | 4. FEI Number 38-3476419 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For Not Applicable | | |
| 6. Name and Address of Current Registered Agent ALEXANDER, AILEEN 3303 HILL ST. NEW SMYRNA BEACH, FL 32169 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3305 Hill St. City FL Zip Code | | | |
| 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 <i>Aileen Alexander</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | Aileen Alexander | | 3-15-06 <small>DATE</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | | |
| TITLE MGR | NAME ALEXANDER, AILEEN | | <input type="checkbox"/> Delete | TITLE MGR | NAME ALEXANDER, AILEEN | |
| STREET ADDRESS 1805 SAXON DR | | | STREET ADDRESS 3305 Hill St. | | | |
| CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169 | | | CITY-ST-ZIP NEW SMYRNA BEACH FL 32169 | | | |
| 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: <i>Aileen Alexander</i> Aileen Alexander 3/15/06 3864261623 | | | |