


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004753 1. Entity Name ALEXSAM T, LLC	
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Principal Place of Business 14175 ICOT BLVD., STE. 100 CLEARWATER, FL 33760	Mailing Address 14175 ICOT BLVD., STE. 100 CLEARWATER, FL 33760
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03282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1217609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent INGHRAM, BOB 14175 ICOT BLVD., STE. 100 CLEARWATER, FL 33760

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 title if applicable.

(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	MGR JOHNSON, DAN 14175 ICOT BLVD., STE. 100 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR REDMOND, JOHN 14175 ICOT BLVD., STE. 100 CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TROSCLAIR, LOU T 8 ISLA BAHIA DR. FT. LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>000000316506 04/19/05-80077-018 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

11. (I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

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

Date

Daytime Phone #

Dan Johnson

3/29/05

727-524-3900