


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004753
 1. Entity Name
ALEXSAM T, LLC



Principal Place of Business
**14175 ICOT BLVD., STE. 100
 CLEARWATER, FL 33760**

Mailing Address
**14175 ICOT BLVD., STE. 100
 CLEARWATER, FL 33760**

DO NOT WRITE IN THIS SPACE



02082006 No Chg-LLC CR2E083 (11/05)

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 _____ (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	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	
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 03/23/06-80016-025 50.00

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: DAN Johnson **2-9-06 7275243900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #