

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004753

Entity Name: ALEXSAM T, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

14175 ICOT BLVD., STE. 100
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

14175 ICOT BLVD., STE. 100
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 20-1217609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INGHRAM, BOB
14175 ICOT BLVD., STE. 100
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, DAN
Address: 14175 ICOT BLVD., STE. 100
City-St-Zip: CLEARWATER, FL 33760

Title: MGR () Delete
Name: REDMOND, JOHN
Address: 14175 ICOT BLVD., STE. 100
City-St-Zip: CLEARWATER, FL 33760

Title: MGR () Delete
Name: TROSCLAIR, LOU T
Address: 25 COLUMBUS CIRCLE 65-C
City-St-Zip: NEW YORK,, NY 10019

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL P JOHNSON

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date