


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90012 022 \*\*\*\*55.00

DOCUMENT # L05000009527					
1. Entity Name ALEX'S PAL SYNDICATE LLC					
Principal Place of Business 15233 N HWY 329 REDDICK, FL 32686 US			Mailing Address PO BOX 249 MORRISTON, FL 32668 US		
2. Principal Place of Business - No P.O. Box # <i>Randolph Thoroughbreds</i> Suite, Apt. #, etc. <i>4101 NW 89th Place</i>		3. Mailing Address <i>160 Portneuf Rd.</i> Suite, Apt. #, etc.			
City & State <i>Ocala, FL</i>		City & State <i>CARLENO, LA</i>		4. FEI Number 20-2249754	
Zip <i>34482</i>		Country <i>US</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip <i>70520</i>		Country <i>US</i>		07022007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CANTRELL, BECKIE K 4700 NE 97TH ST. RD. ANTHONY, FL 32617			7. Name and Address of New Registered Agent Name <i>Susie Crab &amp; Assoc PA</i> Street Address (P.O. Box Number is Not Acceptable) <i>2215 Southeast Fort King St</i> <i>Ste B</i> City <i>OCALA</i> FL Zip Code <i>34471</i>		
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>Kay Thomas</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRINKMAN, BRETT A		NAME		
STREET ADDRESS	8141 NW 47TH LANE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANTRELL, BECKIE K		NAME		
STREET ADDRESS	4700 NE 97TH ST RD		STREET ADDRESS		
CITY-ST-ZIP	ANTHONY, FL 32617		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BAYER, BETH		NAME		
STREET ADDRESS	8141 NW 47TH LANE		STREET ADDRESS		
CITY-ST-ZIP	OCALA, FL 34482		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Kay Thomas</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	