


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90028 045 ***143.75

DOCUMENT # L05000009527

1. Entity Name
ALEX'S PAL SYNDICATE LLC



Principal Place of Business Mailing Address

RANDOLPH THOROUGHBREDS **160 PORTNEUF RD**
4101 NW 89TH PLACE **CARENCRO, LA 70520 US**
OCALA, FL 34482 US

60031600



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04252008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2249754		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SUSIE CRAB & ASSOC PA 2215 SOUTHEAST FORT KING ST STE B OCALA, FL 34471		7. Name and Address of New Registered Agent Name Beckie K. Cantrell Street Address (P.O. Box Number is Not Acceptable) 4700 NE 97th St Rd City Anthony FL Zip Code 32617

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 *Beckie K. Cantrell* Beckie K. Cantrell 4/25/08

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRINKMAN, BRETT A 8141 NW 47TH LANE OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CANTRELL, BECKIE K 4700 NE 97TH ST RD ANTHONY, FL 32617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYER, BETH 8141 NW 47TH LANE OCALA, FL 34482 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Beckie K. Cantrell* Beckie K. Cantrell 4/28/08 (352) 912-6784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #