

# 2001 UNIFORM BUSINESS REPORT (UBR)

0033018 IN

**DOCUMENT # L00000011578**  
 1. Entity Name  
**ALLIANCE INVEST LLC**

**FILED**  
 2001 MAY -2 PM 12:28  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**SQU SERVICES AG, ALFRED ESCHERSTR** **SQU SERVICES AG, ALFRED ESCHERSTR**  
**9 POSTFACH** **9 POSTFACH**  
**CH 8027 ZURICH SWITZERLAND** **CH 8027 ZURICH SWITZERLAND**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **c/o Kilpatrick Stockton LLP**  
 Suite, Apt. #, etc. **1100 Peachtree St, Ste 2800**  
 City & State **Atlanta GA 30309**  
 City & State **Atlanta GA 30309**  
 Zip Country **30309 USA**

4. FEI Number  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**300004325853--9**  
**-05/29/01--01132--001**  
**\*\*\*\*\*500.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <b>Susanne Pegard</b> <input type="checkbox"/> Delete <b>SQU SERVICES AG, ALFRED ESCHERSTR</b> <b>9 Postfach CH 8027 Zurich Switzerland</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEMBER</b> <b>Fazita Investments, Inc</b> <input type="checkbox"/> Delete <b>SAME</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Neil F. Ellis** **5/1/01** **(404) 815-6500**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)