


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Aug 30, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # L00000012609</b> 1. Entity Name <b>ALLIANCE ASSETS, L.L.C.</b>	
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Principal Place of Business 2246 SE 28TH STREET CAPE CORAL, FL 33904	Mailing Address 2246 SE 28TH STREET CAPE CORAL, FL 33904
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**DO NOT WRITE IN THIS SPACE**



07052004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number <b>65-1049969</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CAMBELL, THEODORE D 2246 SE 28TH ST. CAPE CORAL, FL 33904	<b>DO NOT WRITE IN THIS SPACE</b>
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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 September 8, 2004**

U00000171109  
08/30/04-80004-010 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKIM, JUDITH 4406 E. 253RD ST. CLEVELAND, MO 64734
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BEAL, JEFFREY A 2246 SE 28TH ST. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, THEODORE D 2246 SE 28 ST. CAPE CORAL, FL 33904
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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.

<b>SIGNATURE:</b> <i>Theodore D Campbell and Jeffrey A Beal</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	8-27-04.      239-246-9131 Date      Daytime Phone #
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