

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003621

FILED  
Apr 13, 2007  
Secretary of State

Entity Name: ALLIANCE CONSTRUCTION, L.L.C.

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 75-2998521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFE, LEON J  
2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134 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: MGRM ( ) Delete  
Name: JL HOLDING CORP,  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: SIM INTERESTS, INC,  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: M3, INC,  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: MSM, INC,  
Address: 2121 PONCE DE LEON BLVD., PH  
City-St-Zip: CORAL GABLES, FL 33134

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LEON J. WOLFE

AR

04/13/2007

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