LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L03000043733 1. Entity Name **ALLIANCE AGENCY LLC**



FILED

04 MAY -6 PM_3: 03

SECRETARY OF STATE FALLAHASSEE, FLORIDA

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	lace of Business LLEVAST ROAD		3. Mailing Address 1455 TALLEVAST ROAD					
Suite, Apt STE L831		Suite Apt #, et STE L8319	Suite Apt #, etc. STE L8319			DO NOT WRITE IN THIS SPACE		
City & State SARASO	TA, FL	City & State SARASOTA	City & State SARASOTA, FL			r		Applied For ✓ Not Applicable
34243	Country USA	Zтр 34243	Count USA	ry	5, Certificate	of Status Desired		5.00 Additional e Required
				Name	7. Name and Address of Current Registered Agent			
DO NOT WRITE IN THIS SPACE			Street Address		ss (P.O. Box Number is Not Acceptable)			
				City FL Zip Code				
	named entity submits this statementions of registered agent.	t for the purpose of cha	nging its registere	ed office or regi	stered agent, or bo	h, in the State of Flo	orida I am fen	nikar with, and accept
SIGNATURE Specials, typed or purred name of registered agent and title if applicable DATE								
	4		FEE IS Payable to FI DUE BY	•	ment of State	U00000 04/30/04	141865 80029-00	03 350.00
9.	MANAGING MEN	BERS/MANAGERS						
TIFLE	Morton							\{\bar{\chi}{\chi}\}
NAME Coddan Secretary Service Limited				MAINE STREET ACORESS				
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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: authorised signatory of MG

authorised signatory of MGMR

April 21, 04

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