


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000122844 1. Entity Name <b>ALLIANCE HOLDINGS, LLC</b>	
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Principal Place of Business <b>149 S. RIDGEWOOD AVENUE, SUITE 550          DAYTONA BEACH, FL 32114</b>	Mailing Address <b>149 S. RIDGEWOOD AVENUE, SUITE 550          DAYTONA BEACH, FL 32114</b>
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**DO NOT WRITE IN THIS SPACE**



05102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>30-3943520</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GORNT0, L.A. JR.          149 S. RIDGEWOOD AVENUE, SUITE 550          DAYTONA BEACH, FL 32114</b>
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**DO NOT WRITE IN THIS SPACE**

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 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, GEORGE D 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FILSOOF, FRED F 3151 MAPLE DRIVE NE ATLANTA, GA 30305
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05/30/07-80041-018 50.00

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: *George Anderson* Date 5-10-07 Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE