

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90032 010 ***138.75

DOCUMENT # L05000122844

1. Entity Name
 ALLIANCE HOLDINGS, LLC



Principal Place of Business
 149 S. RIDGEWOOD AVENUE, SUITE 550
 DAYTONA BEACH, FL 32114

Mailing Address
 149 S. RIDGEWOOD AVENUE, SUITE 550
 DAYTONA BEACH, FL 32114

2. Principal Place of Business - No P.O. Box #
 315 W. Atlantic Ave

3. Mailing Address
 315 W. Atlantic Ave


Suite, Apt. #, etc.

City & State
 Daytona Beach, FL

City & State
 Daytona Beach, FL

Zip
 32118

Country
 U.S.



04282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
 30-3943520

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GORNTO, L.A. JR.
 149 S. RIDGEWOOD AVENUE, SUITE 550
 DAYTONA BEACH, FL 32114

7. Name and Address of ~~Current~~ Registered Agent

Name
 Gornto, L.A. JR.

Street Address (P.O. Box Number is Not Acceptable)

444 Seabreeze Blvd., Suite 200

City
 Daytona Beach FL

Zip Code
 32118

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	ANDERSON, GEORGE D 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR	FILSOOF, FRED F 3151 MAPLE DRIVE NE ATLANTA, GA 30305	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 D Anderson Date: 4.29.08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #