

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037303

FILED
Apr 21, 2009
Secretary of State

Entity Name: ALLIANCE MANAGEMENT LLC

Current Principal Place of Business:

113 AUDUBON RD
NAPLES, FL 34114 US

New Principal Place of Business:

4100 CORPORATE SQUARE
SUITE 155
NAPLES, FL 34104 US

Current Mailing Address:

P.O. BOX 9608
NAPLES, FL 34102 US

New Mailing Address:

4100 CORPORATE SQUARE
SUITE 155
NAPLES, FL 34104 US

FEI Number: 26-2441896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOLL, RICHARD H
113 AUDUBON RD
NAPLES, FL 34114 US

Name and Address of New Registered Agent:

KNOLL, RICHARD H
4100 CORPORATE SQUARE
SUITE 155
NAPLES, FL 34104 US

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: RICHARD H. KNOLL

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KNOLL, RICHARD H
Address: 113 AUDUBON RD
City-St-Zip: NAPLES, FL 34114 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KNOLL, RICHARD H
Address: 4100 CORPORATE SQUARE, SUITE 155
City-St-Zip: NAPLES, FL 34104 US

Title: MGR () Change (X) Addition
Name: KNOLL, BARBARA G
Address: 4100 CORPORATE SQUARE, SUITE 155
City-St-Zip: NAPLES, FL 34104

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD H. KNOLL

MMGR

04/21/2009

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