

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # B0500000547</b>	
1. Entity Name <b>ALLIANCE PP2 FX3 LIMITED PARTNERSHIP</b>	

**FILED**  
 06 MAY - 11 PM 1:30  
 SECRETARY OF STATE, CLERK  
 TALLAHASSEE, FLORIDA

Principal Place of Business <b>1209 ORNAGE STREET WILMINGTON, DE 19801</b>	Mailing Address <b>1209 ORNAGE STREET WILMINGTON, DE 19801</b>
---	---



2. Principal Place of Business <b>2 HARRISON STREET</b> Suite, Apt. #, etc. <b>6TH FLOOR</b> City & State <b>SAN FRANCISCO, CA</b> Zip <b>94105</b> Country <b>USA</b>	3. Mailing Address <b>2 HARRISON STREET</b> Suite, Apt. #, etc. <b>6TH FLOOR</b> City & State <b>SAN FRANCISCO, CA</b> Zip <b>94105</b> Country <b>USA</b>
--	--

03302006 Chg-LP CR2E003 (11/05)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>
---	--

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>M05000007117</b>	STREET ADDRESS	<b>2 HARRISON STREET, 6TH FLOOR</b>
NAME	<b>ALLIANCE PP2 FX3 GP, L.L.C.</b>	CITY-ST-ZIP	<b>SAN FRANCISCO, CA 94105</b>
STREET ADDRESS	<b>135 REVERE DRIVE</b>		
CITY-ST-ZIP	<b>NORTHBROOK, IL 60062</b>		
DOCUMENT #		STREET ADDRESS	<del>408874675054</del>
NAME		CITY-ST-ZIP	<b>05/16/06--01042--009 **500.00</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Dyann Blaine* **Dyann Blaine** Vice President **4/26/06** **4155121515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #