

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90727 032 *****55.00

DOCUMENT # L000000006052

1. Entity Name

Reliance Management LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12633 Challenger Pkwy.		3. Mailing Address Same as (2)	
Suite, Apt. #, etc. 270		Suite, Apt. #, etc.	
City & State Orlando, FL		City & State	
Zip 32826	Country US	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3650366	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Curtis Sitterson	
Street Address (P.O. Box Number is Not Acceptable) 2200 Museum Tower	
150 West Flagler street	
City Miami	FL Zip Code 33130

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Pedro E. Vermales 12633 Challenger Pkwy. Ste. 270 Orlando, FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wendover Management, Inc. 12633 Challenger Pkwy. Ste 270 Orlando, FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Alliant Capital, Ltd. 12633 Challenger Pkwy., Ste. Orlando, FL 32826	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Pedro E. Vermales

Date

Daytime Phone #

3-28-02 (407) 926-1720

CR2E083B (12/01)