2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000006052



04-03-2003 90019 031 ****55.00 1. Entity Name RELIANCE MANAGEMENT, LLC Principal Place of Business Mailing Address 30048320 12633 CHALENGER PARKWAY, STE. 270 12633 CHALENGER PARKWAY, STE. 270 ORLANDO FL 32826 ORLANDO FL 32826 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent SITTERSON, CURTIS H 2200 MUSEUM-TOWER 150 WEST FLAGLER STREET MIAMI FL 33130 8. The above named entity submits this statement for the purpose of changing its registered office or registered a SIGNATURE e if englicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department o Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. 9. MGRM TITLE ☐ Delete TITLE VERMALES, PEDRO E NAME NAME STREET ADDRESS 12633 CHALENGER PARKWAY, STE. 270 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE WINDOVER MANAGEMENT, INC. NAME NAME 12633 CHALENGER PARKWAY, STE. 270 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ALLIANT_CAPITAL-LTD. . NAME NAME 5 STREET ADDRESS 12633 CHALENGER PARKWAY, STE. 270 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED Apr 03, 2003 8:00 am Secretary of State

FEI Number 59-3650366	Applied For
	Not Applicable
Certificate of Status Desired	\$5.00 Additional Fee Required
Name and Address of New Registered Agent	
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Box Number is Not Acceptable).	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

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

02. Vermales 3

CR2E083 (10/02)