2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012442

Entity Name: WILLIS ALLIANCE, LLC

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14009 SHIMMERING LAKE CT 6360 CORPORATE PARK CIRCLE FORT MYERS, FL 33907

SUITE 4

FORT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

P.O. BOX 61566 FORT MYERS, FL 33906

FEI Number: 65-1046728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILLIS, SCOTT D WILLIS, DIANA 14009 SHIMMERING LAKE CT 6360 CORPORATE PARK CIRCLE FORT MYERS, FL 33907 SUITE 4 FORT MYERS, FL 33912 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: DIANA WILLIS 04/28/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

WILLIS, SCOTT D WILLIS, SCOTT D Name: Name: Address: 14009 SHIMMERING LAKE CT Address: 6360 CORPORATE PARK CIRCLE, SUITE 4

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33912

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name: WILLIS, DIANA L Name: WILLIS, DIANA L

Address: 14009 SHIMMERING LAKE CT Address: 6360 CORPORATE PARK CIRCLE, SUITE 4

City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33912

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: DIANA WILLIS 04/28/2008