
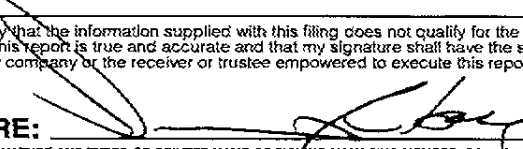


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000015357		
1. Entity Name ALIANDREA, LLC		
Principal Place of Business 28050 U.S. HWY 19 NORTH SUITE 402 CLEARWATER, FL 33761	Mailing Address 28050 U.S. HWY 19 NORTH SUITE 402 CLEARWATER, FL 33761	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HALL, DONALD R 28050 U.S. HWY 19 NORTH SUITE 402 CLEARWATER, FL 33761		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when constituting)</small>		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM HALL, DONALD R 28050 U.S. HWY 19 N., SUITE 402 CLEARWATER, FL 33761	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE:  Donald R. Hall Managing Member		Date 1/22/04 Daytime Phone # 727-799-2625



01082004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 32-8343684	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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U00000012804
01/26/04-80025-025 50.00