2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 16, 2004 08:00 AM Secretary of State 1. Entity Name THE ALLIANCE, LLC Principal Place of Business Mailing Address 500 64TH ST SOUTH 500 64TH ST SOUTH SAINT PETERSBURG, FL 33707 SAINT PETERSBURG, FL 33707 032420040 0 0000000 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3653370 Not Applicable \$5.00 00000000 5. Certificate of Status Desired 00000000000 Name and Address of Current Registered Agent PACKER, VERNE DO NOT WRITE 500 64TH ST SOUTH SAINT PETERSBURG, FL 33707 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME PACKER, VERNE STREET ADDRESS 500 64TH ST SOUTH CITY-ST-ZIP SAINT PETERSBURG, FL 33707 TITLE RAM STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CHY-ST-7P HILE NAME STREET ADDRESS

11. Thereby certify that the information supplied with this filing does not quality for the exeruption 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 it made under oath, that I am a managing member or manager of the limited flability company or the receiver or trustee expressed to execute this report as required by Chanter 608, Florida Statutes.

031Y-ST-20P TITLE NAME STREET ADDRESS

CATY-ST-ZIP

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

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