


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

0000000000 L02000009523  
 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

**DO NOT WRITE IN THIS SPACE**



03242004000000000000000000000000  
 4. FEI Number      Applied For  
 04-3653370      Not Applicable  
 5. Certificate of Status Desired       \$5.00  
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6. Name and Address of Current Registered Agent  
 PACKER, VERNE  
 500 64TH ST SOUTH  
 SAINT PETERSBURG, FL 33707

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**

U00000116292  
 04/16/04-80058-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACKER, VERNE 500 64TH ST SOUTH SAINT PETERSBURG, FL 33707
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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: *Verne Packer*      4/14/04 7273412224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone \*