

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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1. Entity Name
THE ALLIANCE, LLC



Principal Place of Business
 500 64TH ST SOUTH
 SAINT PETERSBURG, FL 33707

Mailing Address
 500 64TH ST SOUTH
 SAINT PETERSBURG, FL 33707



03242004000000000000 0000000000000000

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4. FEI Number
04-3653370 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** 00000000
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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
 04/16/04-80059-022 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 *