


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000009523 1. Entity Name THE ALLIANCE, LLC	
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Principal Place of Business 500 64TH ST SOUTH SAINT PETERSBURG, FL 33707	Mailing Address 500 64TH ST SOUTH SAINT PETERSBURG, FL 33707
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**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 04-3653370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  PACKER, VERNE 500 64TH ST SOUTH SAINT PETERSBURG, FL 33707
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**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, 2005**

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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 05/05/05-80139-010 50.00

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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)(f), 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 Date: 4/30/05 Daytime Phone #: 227 341 2224  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE