

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 05, 2003 8:00 am  
Secretary of State

02-05-2003 90030 042 \*\*\*\*50.00

DOCUMENT # L02000009523



1. Entity Name  
**THE ALLIANCE, LLC**

Principal Place of Business

3119 BEACH BLVD. SOUTH  
GULFPORT FL 33707

Mailing Address

3119 BEACH BLVD. SOUTH  
GULFPORT FL 33707

20023256



2. Principal Place of Business

500 64th St. South  
Suite, Apt. #, etc.

3. Mailing Address

Same  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
St. Pete Florida

City & State

4. FEI Number  
64-3653370

Applied For  
Not Applicable

Zip Country  
33707 Pinellas

Zip Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PACKER, VERNE  
3119 BEACH BLVD. SOUTH  
GULFPORT FL 33707

7. Name and Address of New Registered Agent

Name Packer, Verne  
Street Address (P.O. Box Number is Not Acceptable)  
See address above  
City FL Zip Code

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 *Verne Packer*

1-29-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<i>Mana</i>	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Managing Member Verne Packer 5950 Pelican Bay Plaza PH2A Gulfport, Fl. 33707	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* REQUIRED

1-29-03 727 344 6065

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

Date

Daytime Phone #

CR2E083 (10/02)