2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000018444

1. Entity Name

ALLIANCE SENIOR SERVICES, LLC



Principal Place of Business 5887 BERRYHILL RD #148 MILTON, FL 32570 US Mailing Address

5887 BERRYHILL RD #148 MILTON, FL 32570 US

FILED Feb 13, 2006 8:00 am Secretary of State

02-13-2006 90245 001 ***500.00

30000520



01122006 No Chg-LLC

CR2E083 (11/05)

| | 45.00 |
|---------------|----------------|
| 01-0737191 | Not Applicable |
| 4. FEI Number | Applied For |
| | |

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JERREMS, WARREN K 5887 BERRYHILL RD #148 MILTON, FL 32570

CITY-ST-ZIP

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| 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) (| DATE | |
| F | iling Fee is \$50.00 lue by May 1, 2006 | (Control of the Control of the Contr | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JERREMS, WARREN K 5887 BERRYHILL RD #148 MILTON, FL 32570 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALLEN, WILLIAM G 150 CROSSVILLE ST. CANTONMENT, FL 32533 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WR | ITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPA | CE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| TITLE NAME STREET ADDRESS | | | | |

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

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

PEN K. VERREMS

1/13/06 85

850.586.1030

Daytime Phone #