

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000019789

FILED  
Jan 14, 2003  
Secretary of State

**Entity Name:** ALLEGIANCE PARTNERS, LLC

**Current Principal Place of Business:**

230 HOWARD DRIVE  
BELLEAIR BEACH, FL 33786

**New Principal Place of Business:**

**Current Mailing Address:**

2840 W. BAY DRIVE  
#233  
BELLEAIR BLUFFS, FL 33770

**New Mailing Address:**

**FEI Number:** 27-0024064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAGEMANN, JARED S  
2840 W. BAY DRIVE  
#233  
BELLEAIR BLUFFS, FL 33770 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LAGEMANN, JARED S  
Address: 2840 W. BAY DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: MGRM ( ) Delete  
Name: COLOMBI, JAMES E  
Address: 2840 W. BAY DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JARED S LAGEMANN

MGRM

01/14/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date