


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-13-2006 90245 001 ***500.00

DOCUMENT # L02000023991 1. Entity Name ALLIANCE MANAGEMENT GROUP, LLC	
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Principal Place of Business 150 CROSSVILLE ST CANTONMENT, FL 32533	Mailing Address 5887 BERRYHILL RD #148 MILTON, FL 32570
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30000519



01122006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0425769	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 JERREMS, WARREN 5887 BERRYHILL RD MILTON, FL 32570

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee Is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JERREMS, WARREN K 5887 BERRYHILL RD MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALLEN, WILLIAM G 150 CROSSVILLE ST CANTONMENT, FL 32533
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11. I hereby certify that the information supplied with this filing 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: *Warren K. Jerrems* **WARREN K. JERREMS** *1/13/06* *850.586.1030*

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

Date

Daytime Phone #