


FILED  
Jan 31, 2007 8:00 am  
Secretary of State

01-31-2007 90091 001 \*\*\*450.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

30000161



<b>DOCUMENT # L02000023991</b> ✓			
1. Entity Name ALLIANCE MANAGEMENT GROUP, LLC			
Principal Place of Business 150 CROSSVILLE ST CANTONMENT, FL 32533		Mailing Address 5887 BERRYHILL RD #148 MILTON, FL 32570	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State 150 Crossville Street Cantonment, FL 32533	
Zip	Country	Country	
6. Name and Address of Current Registered Agent JERREMS, WARREN 5887 BERRYHILL RD MILTON, FL 32570		7. Name and Address of New Registered Agent Name: SAME Street Address (P.O. Box Number is Not Acceptable) 150 Crossville Street Cantonment, FL 32533 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: <i>Warren Jerrens</i> CFS 1/23/07 DATE: 1/23/07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JERREMS, WARREN K 5887 BERRYHILL RD MILTON, FL 32570 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 Crossville Street Cantonment, FL 32533
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALLEN, WILLIAM G 150 CROSSVILLE ST CANTONMENT, FL 32533 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Warren Jerrens</i> 1/23/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			