

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90020 013 \*\*\*\*50.00

0072418

**DOCUMENT # L02000023991**

1. Entity Name

**ALLIANCE MANAGEMENT GROUP, LLC**



Principal Place of Business

117 MOONLIGHT DRIVE  
PANAMA CITY BEACH FL 32413

Mailing Address

11030 NORTH 130TH WAY  
SCOTTSDALE AZ 85259

**30053688**

2. Principal Place of Business

**150 CROSSVILLE ST.**

3. Mailing Address

**150 CROSSVILLE ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**CANTONMENT FL**

City & State

**CANTONMENT, FL**

4. FEI Number

**51-0425769**

Applied For

Not Applicable

Zip

**32533**

Country

**USA**

Zip

**32533**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33761**

Name

**WARREN JERREMS**

Street Address (P.O. Box Number is Not Acceptable)

**150 CROSSVILLE ST**

City

**CANTONMENT**

FL

Zip Code

**32533**

7. Name and Address of New Registered Agent

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Warren Jerrens**

**2/18/03**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **JERREMS, WARREN K**  
STREET ADDRESS **11030 NORTH 130TH WAY**  
CITY-ST-ZIP **SCOTTSDALE AZ 85259**

TITLE **MGR** ☐ Delete  
NAME **ALLEN, WILLIAM G**  
STREET ADDRESS **117 MOONLIGHT DRIVE**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32413**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **150 CROSSVILLE ST**  
CITY-ST-ZIP **CANTONMENT, FL 32533**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

**Warren Jerrens**

Date

**2/18/03**

Daytime Phone #

**602.363.6303**

CR2E083 (10/02)