

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000002681	
1. Entity Name ALLIANCE INVESTMENT GROUP, LLC	
Principal Place of Business 4627 NW 53RD AVENUE GAINESVILLE, FL 32606	Mailing Address 4627 NW 53RD AVENUE GAINESVILLE, FL 32606



01132008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0669099	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SARANTOS, KATHERYN
4627 NW 53RD AVENUE
GAINESVILLE, FL 32606**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SARANTOS, KATHERYN 4627 NW 53RD AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAS, OLGA 4627 NW 53RD AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, CARLA 4627 NW 53RD AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/10/08-80024-017-138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

2-24-08