2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L03000019350

Entity Name: ALLIANCE INSURANCE SERVICES, LLC

Current Principal Place of Business:

548 NORTH LAKE JESSUP AVENUE
OVIEDO, FL 32765

New Principal Place of Business:

12233 REBECCA'S RUN
WINTER GARDEN, FL 34787

Current Mailing Address:

548 NORTH LAKE JESSUP AVENUE
OVIEDO, FL 32765

New Mailing Address:

12233 REBECCA'S RUN
WINTER GARDEN, FL 34787

FEI Number: 04-3767789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RATCLIFFE, DONNA L
548 NORTH LAKE JESSUP AVENUE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

RATCLIFFE, DONNA L
12233 REBECCA'S RUN
WINTER GARDEN, FL 34787 US

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: 04/28/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: RATCLIFFE, DONNA L
Address: 548 NORTH LAKE JESSUP AVENUE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: RATCLIFFE, DONNA L
Address: 12233 REBECCA'S RUN
City-St-Zip: WINTER GARDEN, FL 34787

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: DONNA L. RATCLIFFE MGR 04/28/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date