

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041049

FILED
Apr 12, 2004
Secretary of State

Entity Name: ALLIANCE LEGAL SERVICES, LLC

Current Principal Place of Business:

2691 E. OAKLAND PARK BLVD., SUITE 402
FT. LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2691 E. OAKLAND PARK BLVD., SUITE 402
FT. LAUDERDALE, FL 33306

New Mailing Address:

2691 E. OAKLAND PARK BLVD.
SUITE 402
FT. LAUDERDALE, FL 33306

FEI Number: 20-0343016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, WILLIAM R ESQ.
2691 E. OAKLAND PARK BLVD., SUITE 402
FT. LAUDERDALE, FL 33306

Name and Address of New Registered Agent:

BLACK, WILLIAM R ESQ.
2691 E. OAKLAND PARK BLVD.
SUITE 402
FT. LAUDERDALE, FL 33306

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:

04/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BLACK, WILLIAM R
Address: 2691 E. OAKLAND PARK BLVD., SUITE 402
City-St-Zip: FT. LAUDERDALE, FL 33306

Title: MGRM () Delete
Name: FISHER, GAIL M
Address: 2691 E. OAKLAND PARK BLVD., SUITE 402
City-St-Zip: FT. LAUDERDALE, FL 33306

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GAIL M. FISHER

MGRM

04/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date