2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000043824

1. Entity Name
ALLIANCE SATCOM LLC

Principal Place of Business	Mailing Address
8840 HWY 78 W. OKEECHOBEE, FL 32974	8840 HWY 78 W. OKEECHOBEE, FL 32974

DO NOT WRITE IN THIS SPACE

04272006No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-2678126
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ST LAURENT, SUZANNE
8840 HWY 78 W.
OKEECHOBEE, FL 32974

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ST-LAURENT, LOUIS
STREET ADDRESS	8840 HWY 78W
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGRM
NAME	ST-LAURENT, MICHAEL
STREET ADDRESS	8840 HWY 78W
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	MGRM
NAME	ST-LAURENT, SUZANNE
STREET ADDRESS	8840 HWY 78W
CITY-ST-ZIP	OKEECHOBEE, FL 34974
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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05/13/06-80054-025 50.00

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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: Suzanne St-Laurent Suzanne St-Laurent 4-25-06 863-467-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #