2/14/2005-90179-019-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 14 AM 10:40

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000023892

1. Entity Name
ALLIANCE INVESTMENT PROPERTIES, LLC

Principal Place of Business	Mailing Address
14065 HIGHWAY 20 WEST NICEVILLE, FL 32578	~~4516 EAST HIGHWAY 20, PMB 188~~ ~~NICEVILLE, FL 32578~~

2. Principal Place of Business		3. Mailing Address	
		14065 HIGHWAY 20 WEST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: NICEVILLE FL	
Zip	Country	Zip: 32578	Country: USA

02022005 Chg-LLC CR2E083 (10/03)

4. FEI Number 200999100 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALI, AZAR S 14065 HIGHWAY 20 WEST NICEVILLE, FL 32578	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALI, CECELIA E 4516 E. HIGHWAY 20, PMB 188 NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALI, AZAR S 4516 E. HIGHWAY 20, PMB 188 NICEVILLE, FL 32578	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Az S. Ali AZAR S. ALI 8 Feb 05 850/305-1149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #