2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 14 AM 10:40

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
Suite, Apt. #, etc.	14065 HIGHWAY 20 WEST 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~~ 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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALI, CECELIA E	NAME	
STREET ADDRESS	4516 E. HIGHWAY 20, PMB 188	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ALI, AZAR S	NAME	
STREET ADDRESS	4516 E. HIGHWAY 20, PMB 188	STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 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 #