

DOCUMENT # L04000044203

1. Entity Name
ALLIANCE PARTNERS, LLC



Principal Place of Business
223 SUNSET AVENUE, STE. 110
PALM BEACH, FL 33480

Mailing Address
223 SUNSET AVENUE, STE. 110
PALM BEACH, FL 33480

FILED
Apr 23, 2007 08:00 AM
Secretary of State



04142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2407478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIST, MARTIN
223 SUNSET AVENUE, STE. 110
PALM BEACH, FL 33480

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000723607
05/02/07-80079-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LIST, MARTIN A
STREET ADDRESS 223 SUNSET AVENUE, STE. 110
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE MGR
NAME GROFFMAN, ROSS
STREET ADDRESS 223 SUNSET AVE, # 110
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] MARTIN LIST 4-18-07 (501) 655-7150