2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000044203

1. Entity Name
ALLIANCE PARTNERS, LLC

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

DO NOT WRITE IN THIS SPACE

03282008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
56-2407478	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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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

H000000885377
04/18/08-30011-014 138.75

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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: _Martin List_   4/1/08