2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000044205

1. Entity Name
ALLIANCE PROPERTIES-LW, 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 11, 2006 8:00 am Secretary of State

04-11-2006 90017 003 ****50.00



03272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 27-0094456

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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The above named entity submits this statement for the purpose of characteristics of registered agent.	anging its registered office or registered agent, or both, in the S	state of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006		

MGR TITLE LIST, MARTIN A NAME 223 SUNSET AVE, SUITE #110 STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP TITLE NAME GREFFMAN, ROSS D STREET ADDRESS 223 SUNSET AVE, SUITE #110 CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

MANAGING MEMBERS/MANAGERS

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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:

CITY-ST-ZIP

THILE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

4/6/06

561)655-7150

Daytime Phone i