

ANNUAL REPORT

DOCUMENT # L04000044205

1. Entity Name

ALLIANCE PROPERTIES-LW, LLC



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

Principal Place of Business

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

Mailing Address

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


04142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
**DO NOT WRITE
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

 U00000723608
 05/02/07-80079-008 50.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE	MGR
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	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

MARTIN LIST

4-18-07 (561) 655-7150

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

Date

Daytime Phone #