

Jun. 22. 2005 11:05AM Gulfcoast Trans. DBA United Cab

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2005 8:00 am
Secretary of State

05-06-2005 90031 005 ***150.00

DOCUMENT # L04000069390 1. Entity Name ALLIANCE INVESTMENTS, L.L.C.	
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Principal Place of Business 2939 ELYSIUM WAY CLEARWATER, FL 33759	Mailing Address 2939 ELYSIUM WAY CLEARWATER, FL 33759
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30009940



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1714818	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOLD, AARON J 704 WEST BAY STREET TAMPA, FL 33606

7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of agent or officer and title if applicable (NOTE: Registered Agent, signature required when registering) **DATE** _____

Filing Fee is \$50.00 Due by May 1, 2005	State check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER Nicholas A. Cambras 2939 Elysium Way Clearwater, FL 33759 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ *Nicholas A. Cambras* **4/9/05** **727 260-9205**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone