
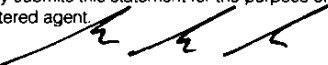



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90057 016 \*\*\*\*50.00

<b>DOCUMENT # L04000087054</b> 1. Entity Name <b>MARKET ALLIES, LLC</b>					
Principal Place of Business <b>332 EDGEWOOD DR WEST PALM BEACH, FL 33405</b>			Mailing Address <b>PO BOX 2529 PALM BEACH, FL 33480</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>LEE, BRIAN R 332 EDGEWOOD DR WEST PALM BEACH, FL 33405</b>				Name <b>Lee, Brian R</b> Street Address (P.O. Box Number is Not Acceptable) <b>252 1/2 Bloomfield Dr</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33405</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>Apr 14</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERCIO, RICHARD J		NAME		
STREET ADDRESS	22 S. LAKESHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, RALEIGH R		NAME		
STREET ADDRESS	4090 IVY GATE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30341		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE, BRIAN R		NAME		
STREET ADDRESS	332 EDGEWOOD DR.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33405		CITY-ST-ZIP		
TITLE	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUERCIO, RICHARD J		NAME		
STREET ADDRESS	22 S. LAKESHORE DR.		STREET ADDRESS		
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>  <b>Brian R Lee</b>			DATE <b>Apr 14</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Daytime Phone # <b>561-833-6189</b>		