
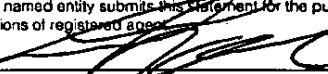
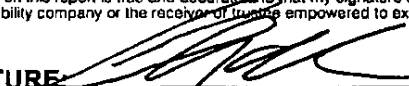


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90019 003 ****50.00

DOCUMENT # L05000017989							
1. Entity Name ALLIANCE TITLE OF INDIAN RIVER, LLC							
Principal Place of Business 730 EAST STRAWBRIDGE AVENUE SUITE 100 MELBOURNE, FL 32901 US			Mailing Address 730 EAST STRAWBRIDGE AVENUE SUITE 100 MELBOURNE, FL 32901 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 20-4940117			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
CASSELLA, LIZABETH A 730 EAST STRAWBRIDGE AVENUE SUITE 100 MELBOURNE, FL 32901			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 				DATE 4/13/06			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	THE ALLIANCE OF BREVARD, INC.		NAME				
STREET ADDRESS	730 EAST STRAWBRIDGE AVENUE, SUITE 100		STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	President Lizabeth Cassella			
STREET ADDRESS			STREET ADDRESS	730 E Strawbridge Ave			
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32901			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	ST Mike Spragins			
STREET ADDRESS			STREET ADDRESS	730 E Strawbridge Ave			
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32901			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	VP Steve Spragins			
STREET ADDRESS			STREET ADDRESS	730 E Strawbridge Ave			
CITY-ST-ZIP			CITY-ST-ZIP	Melbourne, FL 32901			
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 of funds empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE 				DATE 4/13/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 321-724-9600			