

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046418

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: FIRST ALLIANCE CAPITAL, LLC

## Current Principal Place of Business:

103 SOUTH OSCEOLA AVENUE  
SUITE #2  
ORLANDO, FL 32801

## New Principal Place of Business:

2203 E HILLCREST STREET  
ORLANDO, FL 32803

## Current Mailing Address:

103 SOUTH OSCEOLA AVENUE  
SUITE #2  
ORLANDO, FL 32801

## New Mailing Address:

2203 E HILLCREST STREET  
ORLANDO, FL 32803

FEI Number: 20-2814760

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLEY, GOLDBERG, LEACH & COHN PL  
475 MONTGOMERY PLACE  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ALGIER, FOSTER  
Address: 103 SOUTH OSCEOLA AVENUE, SUITE#2  
City-St-Zip: ORLANDO, FL 32801

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ALGIER, FOSTER  
Address: 2203 E HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32803

Title: MGRM ( ) Change (X) Addition  
Name: GEHRKE, MARSHA  
Address: 2203 E HILLCREST STREET  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FOSTER ALGIER

MGRM

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date