2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047274

FILED
Mar 20, 2006
Secretary of State

Entity Name: ALLIANCE LENDERS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
121 W. LONG LAKE ROAD 3RD FLOOR BLOOMFIELD HILLS, MI 48308	9801 BAY ISLAND DRIVE TAMPA, FL 33615
Current Mailing Address:	**New Mailing Address:**
121 W. LONG LAKE ROAD 3RD FLOOR BLOOMFIELD HILLS, MI 48308	9801 BAY ISLAND DRIVE TAMPA, FL 33615

FEI Number: 20-2797464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PECORA, WILLIAM 9801 BAY ISLAND DRIVE TAMPA, FL 33615 US	

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:		**ADDITIONS/CHANGES:**	
Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	ANDERSON ALLIANCE MA, NAGEMENT CONSU L TANTS,	Name:	
Address:	121 W. LONG LAKE ROAD	Address:	
City-St-Zip:	BLOOMFIELD HILLS, MI 48308	City-St-Zip:	

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: WILLIAM PECORA MR 03/20/2006

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