

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094532

FILED
Jan 12, 2006
Secretary of State

Entity Name: EAST / WEST ALLIANCE LLC

Current Principal Place of Business:

276 TYLER AVE.
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

276 TYLER AVE.
CAPE CANAVERAL, FL 32920

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULKNER, TIMOTHY D
276 TYLER AVE.
CAPE CANAVERAL, FL 32920 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: CLARK, BRADLEY C
Address: 276 TYLER AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM () Delete
Name: FAULKNER, TIMOTHY D
Address: 276 TYLER AVE.
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: MGRM () Delete
Name: POWELL, ALVA B
Address: 7801 SAUSALITO AVE.
City-St-Zip: WEST HILLS, CA 91304

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: TIMOTHY D. FAULLKNER

MGR

01/12/2006

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