

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000003195

Entity Name: ALLIANCE 905, LLC

FILED  
Apr 04, 2007  
Secretary of State

## Current Principal Place of Business:

14359 MIRAMAR PARKWAY  
#315  
MIRAMAR, FL 330274134

## New Principal Place of Business:

## Current Mailing Address:

14359 MIRAMAR PARKWAY  
#315  
MIRAMAR, FL 330274134

## New Mailing Address:

FEI Number: 20-4081742

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GBS CONSULTANTS  
1290 WESTON RD. SUITE 306  
WESTON, FL 33326 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: MGR ( ) Delete  
Name: VALLE, SANDRA MARIA  
Address: 1290 WESTON ROAD, SUITE 306-03  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: BARBOSA, HAROLD  
Address: 1290 WESTON ROAD, SUITE 306-03  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: PERTUZ, CLAUDIA  
Address: 1290 WESTON ROAD, SUITE 306-03  
City-St-Zip: WESTON, FL 33326

## 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: PERTUZ CLAUDIA

MGR

04/04/2007

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