

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009546

FILED
Apr 30, 2007
Secretary of State

Entity Name: ALLIANCE PROPERTIES INVESTMENT GROUP & SERVICES, LLC

Current Principal Place of Business:

6039 BANIA WOOD CIRCLE
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

6039 BANIA WOOD CIRCLE
LANTANA, FL 33462 US

New Mailing Address:

P.O. BOX 541782
GREENACRES, FL 33454 US

FEI Number: 20-4211745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTUNE, ETZER
101 NE 165TH STREET
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

FORTUNE, ETZER
6335 PINESTEAD DRIVE
925
LAKE WORTH, FL 33463 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: ETZER FORTUNE

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FORTUNE, ETZER
Address: 101 NE 165TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: MGRM () Delete
Name: VERNET, RUBIEL
Address: 6039 BANIA WOOD CIRCLE
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FORTUNE, ETZER
Address: 6335 PINESTEAD DRIVE, SUITE #925
City-St-Zip: LAKE WORTH, FL 33463 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ETZER FORTUNE

MGR

04/30/2007

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