



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90218 043 ****50.00

DOCUMENT # L06000013401					
1. Entity Name ALLIANCE HOLDING CAPITAL, LLC					
Principal Place of Business 260 SOUTH HAMPTON CLUB WAY ST. AUGUSTINE, FL 32092-1028			Mailing Address 260 SOUTH HAMPTON CLUB WAY ST. AUGUSTINE, FL 32092-1028		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02112007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 20-3022929	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Foc Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NELSON, ROLIN 260 SOUTH HAMPTON CLUB WAY ST. AUGUSTINE, FL 32092-1028			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	CTO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, ROLIN		NAME	Elysee Ecclesiastre	
STREET ADDRESS	260 SOUTH HAMPTON CLUB WAY		STREET ADDRESS	100 Belmont Dr	
CITY-ST-ZIP	ST. AUGUSTINE, FL 320921028		CITY-ST-ZIP	Saint Johns, FL 32259	
TITLE	COO	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUILLAUME, JACQUES		NAME	EDDY DOLUS	
STREET ADDRESS	12100 SPINDLEWOOD CT		STREET ADDRESS	4816 NW 14 th St	
CITY-ST-ZIP	JACKSONVILLE, FL 32246		CITY-ST-ZIP	Coconut Creek, FL 33063	
TITLE	CIO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDOUARZIN, JACQUES		NAME		
STREET ADDRESS	111 RUSS STREET		STREET ADDRESS		
CITY-ST-ZIP	RANDOLPH, MA 02368		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, HERMIONE		NAME		
STREET ADDRESS	10679 OAK BEND WAY		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	CMO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN, JACQUES		NAME		
STREET ADDRESS	211 PLAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	BROCKTON, MA 02302		CITY-ST-ZIP		
TITLE	CIO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, SURUJNARINE		NAME		
STREET ADDRESS	5607 SEMINARY RD #1208N		STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH, VA 22041		CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			2-26-07		904-397-1420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #