



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

DOCUMENT # L06000013401				Secretary of State 03-07-2007 90218 043 ****50.00	
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			
Zip	Country	Zip	Country	02112007 Chg-LLC CR2E083 (12/06)	
		4. FEI Number 20-3022929		<input type="checkbox"/> Applied For <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO NELSON, ROLIN 260 SOUTH HAMPTON CLUB WAY ST. AUGUSTINE, FL 320921028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO Elysee Ecclesiastre 100 Belmont Dr Saint Johns, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO GUILLAUME, JACQUES 12100 SPINDLEWOOD CT JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDY Dalus 4816 NW 14th St Coconut Creek, FL 33063 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO EDOUARZIN, JACQUES 111 RUSS STREET RANDOLPH, MA 02368 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FRANKLIN, HERMIONE 10679 OAK BEND WAY WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMO JEAN, JACQUES 211 PLAIN STREET BROCKTON, MA 02302 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> CIO SINGH, SURUJNARINE 5607 SEMINARY RD #1208N FALLS CHURCH, VA 22041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	