


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 26 PM 3:09

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| DOCUMENT # L06000013401 |  |
| 1. Entity Name ALLIANCE HOLDING CAPITAL, LLC | |

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| 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 |
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|---|---------------------------|
| 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 |
|-----|---------|-----|---------|



06032008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-3022929 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| | |
|--|--|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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| | |
|---|---|
| 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.

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|------------------|--|-------------|
| SIGNATURE | <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | DATE |
|------------------|--|-------------|

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| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|-------------------------|--|-----------------------|-------------------------------|---|
| TITLE | CT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELYSSE ECCLESIAITRE | | NAME | | |
| STREET ADDRESS | 100 BELMON DR | | STREET ADDRESS | 800131814278 | |
| CITY-ST-ZIP | SAINT JOHNS, FL 32259 | | CITY-ST-ZIP | 06/27/08--01032--015 **138.75 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DOLES, EDDY | | NAME | | |
| STREET ADDRESS | 9816 NW 14TH ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | COCONUT CREEK, FL 33065 | | CITY-ST-ZIP | | |
| 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 checked="" 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 | D | <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.

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|--|---|---------------------|--------------------------------|
| SIGNATURE: |  | 6-24-08 | 904-347-1420 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date</small> | <small>Daytime Phone #</small> |