## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000013401

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

FALLS CHURCH, VA 22041

() Delete

Entity Name: ALLIANCE HOLDING CAPITAL, LLC

Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 260 SOUTH HAMPTON CLUB WAY 260 SOUTH HAMPTON CLUB WAY ST. AUGUSTINE, FL 320921028 ST. AUGUSTINE, FL 320921028 US **Current Mailing Address: New Mailing Address:** 260 SOUTH HAMPTON CLUB WAY 260 SOUTH HAMPTON CLUB WAY ST. AUGUSTINE, FL 320921028 ST. AUGUSTINE, FL 320921028 US FEI Number: 90-0340643 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, ROLIN 260 SOUTH HAMPTON CLUB WAY ST. AUGUSTINE, FL 320921028 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change ( ) Addition () Delete **ELYSSE ECCLESIATRE** ECCLESIATRE, ELYSSE Name: Name: 100 BELMON DR Address: 100 BELMONT DR Address: City-St-Zip: SAINT JOHNS, FL 32259 City-St-Zip: SAINT JOHNS, FL 32259 US Title: Title: (X) Change ( ) Addition () Delete DOLES, EDDY Name: DALUS, EDDY Name: Address: 9816 NW 14TH ST Address: 9816 NW 14TH ST City-St-Zip: COCONUT CREEK, FL 33065 City-St-Zip: COCONUT CREEK, FL 33065 US Title: CFO () Delete Title: CFO (X) Change ( ) Addition FRANKLIN, HERMIONE FRANKLIN, HERMIONE Name: Name: 10679 OAK BEND WAY Address: Address: 10679 OAK BEND WAY City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 US (X) Change ( ) Addition Title: ( ) Delete Title: Name: SINGH, SURUJNARINE Name: SINGH, SURUJNARINE Address: 5607 SEMINARY RD #1208N Address: 5607 SEMINARY RD #1208N FALLS CHURCH, VA 22041 US

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.

City-St-Zip:

( ) Change (X) Addition

GUILLUAME, JACQUES

12465 BLACKWATER CT

JACKSONVILLE, FL 32223 US

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROLIN NELSON 04/24/2009