
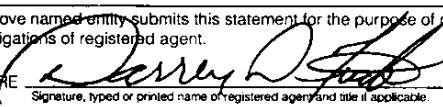
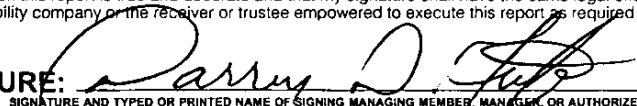


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 06, 2007 8:00 am**  
**Secretary of State**

08-06-2007 90055 026 \*\*\*\*50.00

<b>DOCUMENT # L06000016970</b> 1. Entity Name <b>ALLINCE LLC</b>					
Principal Place of Business <b>110 W KEYES AVE TAMPA, FL 33602</b>			Mailing Address <b>110 W KEYES AVE TAMPA, FL 33602</b>		
2. Principal Place of Business - No P.O. Box # <b>725 GRAND CANYON DR</b>		3. Mailing Address <b>P.O. Box 7855</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>VAL RICO FLORIDA</b>		City & State <b>TAMPA FLORIDA</b>		4. FEI Number <b>11-3771136</b>	
Zip <b>33594</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33673</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FUDGE, DARREN D 110 W. KEYES AVE TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>FUDGE, DARREN D</b> Street Address (P.O. Box Number is Not Acceptable) <b>725 GRAND CANYON DR.</b> City <b>VAL RICO</b> <b>FL</b> Zip Code <b>33594</b>		
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  DATE <b>8/01/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NUNEZ, BELKYS P.O. BOX 280347 TAMPA, FL 33682	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	725 GRAND CANYON DR VAL RICO FLORIDA 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUDGE, DARREN D 110 W. KEYES AVE TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	725 GRAND CANYON DR VAL RICO FLORIDA 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEELEY, TIMOTHY G 8356 GOLDEN PRAIRIE DR TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	8338 WINDSOR BLUFF TAMPA FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAMISON, BRUCE M 9101 KINGS COVE CT FT. MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT MYERS FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> 			<b>8/01/07 (813)205-2909</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		