2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L06000110358

Entity Name: STOCK ALIANTE L.L.C.

Current Principal Place of Business:

131 YACHT CLUB CIRCLE
N. REDINGTON BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

131 YACHT CLUB CIRCLE
N. REDINGTON BEACH, FL 33708

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOCK, SHARON L
131 YACHT CLUB CIRCLE
N. REDINGTON BEACH, FL 33708 US

Name and Address of New Registered Agent:

STOCK, TRUSTEE, SHARON L
131 YACHT CLUB CIRCLE
N. REDINGTON BEACH, FL 33708 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: SHARON L. ST6OCK 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SHARON L STOCK LIVI, NG TRUST.
Address: 131 YACHT CLUB CIRCLE
City-St-Zip: N. REDINGTON BEACH, FL 33708

Title: MGRM ( ) Delete
Name: SHARON, SHARON L
Address: 131 YACHT CLUB CIRCLE
City-St-Zip: N. REDINGTON BEACH, FL 33708

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: STOCK. TRUSTEE, SHARON L
Address: 131 YACHT CLUB CIRCLE
City-St-Zip: N. REDINGTON BEACH, FL 33708

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.

SIGNATURE: SHARON L. STOCK MEMB 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date