

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038406

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** ALLIANCE PARTNERSHIP INTERNATIONAL, LLC

**Current Principal Place of Business:**

7065 WESTPOINTE BLVD  
SUITE 303  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

7065 WESTPOINTE BLVD  
SUITE 303  
ORLANDO, FL 32835 US

**New Mailing Address:**

**FEI Number:** 26-2428404

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TREML, MICHAEL L  
7065 WESTPOINTE BLVD  
SUITE 303  
ORLANDO, FL 32835 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM ( ) Delete  
Name: HANSEN, TOM O  
Address: 7065 WESTPOINTE BLVD. SUITE 303  
City-St-Zip: ORLANDO, FL 32836 US

Title: MGRM ( ) Delete  
Name: AHMED, IKRAM S  
Address: 7065 WESTPOINTE BLVD., SUITE 303  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM ( ) Delete  
Name: TREML, MICHAEL L  
Address: 7065 WESTPOINTE BLVD., SUITE 303  
City-St-Zip: ORLANDO, FL 32835 US

**ADDITIONS/CHANGES:**

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

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

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

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: TOM O HANSEN

MGRM

04/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date