

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000054301

FILED
Jun 18, 2010
Secretary of State

Entity Name: FLA INVESTMENT ALLIANCE, LLC

Current Principal Place of Business:

9 N FOUNDERS LANE
PANAMA CITY BEACH, FL 32413 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 613546
WATERSOUND, FL 32461

New Mailing Address:

FEI Number: 27-0299095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
SUITE 250
PLANTATION, FL 33324 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
Name: FITTS, JOSEPH B SR.
Address: 721 PENSACOLA BEACH BLVD., SUITE 801
City-St-Zip: PENSACOLA BEACH, FL 325616814 US

Title: MGRM
Name: FITTS, JOSEPH B JR.
Address: 721 PENSACOLA BEACH BLVD., SUITE 801
City-St-Zip: PENSACOLA BEACH, FL 325616814 US

Title: MGRM
Name: HUBBARD, JOEL
Address: 721 PENSACOLA BEACH BLVD., SUITE 801
City-St-Zip: PENSACOLA BEACH, FL 325616814 US

Title: MGRM
Name: CHAFIN, ERIC
Address: 721 PENSACOLA BEACH BLVD., SUITE 801
City-St-Zip: PENSACOLA BEACH, FL 325616814 US

Title: MGRM
Name: BECKER, GREG A
Address: P.O.BOX 613546
City-St-Zip: WATERSOUND, FL 32461 US

Title: MGRM
Name: BATTLE, F. BRADY
Address: P.O.BOX 613546
City-St-Zip: WATERSOUND, FL 32461 US

I hereby 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: JOSEPH FITTS

MGRM

06/18/2010

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