FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY



FILED Jun 18 1997 8:00am

ANNUAL RE	PORT		Secretary of SION OF COR	State		Secre	etary of State
FILING FEE \$203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000008 ALLIANCE MATERIALS COMPANY, L.C. 13228 CENTRAL FLORIDA AVENUE TAMPA FL 3361.2 Clo Florida Mining Address Is incorrect in any way, fline through Theorrect Information and enter correction in Block 2a. 2. Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. City & State City & State					IALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 13228 CENTRAL FLORIDA AVENUE TAMPA FL 33612 3. Date Organized or Qualified 3a. State of Formation 12/31/1996 FL 4. FEI Number IIAPPUTED FOR!! X Applied For Not Applicable		
Zip	Country	Zip	Counti	гу	5. Date of Last Report		6. Certificate of Status Desired 88.75 Additional Fee Required
7. Name s	and Address of Current F	Registered Agent			8. Name and Add	ress of New R	
9. Pursuant to the provision its registered agent, and a SIGNATURE	ch change was a	Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City Zip Code above-named limited liability company submits this statement for the purpose of changing authorized by affirmative vote of a majority of the members. I hereby accept the appointment					
(Registered Agent Accepting Appointment) (NO 10. Title Managing Members/Managers			OTE: Registered Agent signature required when reinstating) Business Street Address			City, State and Zip Code	
	WN INC DBA	·	28 CENT	RAL AVENU	STE 800	TAMPA CASTLE OCIO:2	
<u> </u>						M	de-18-97

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SUBLING MANAGING MEMBER OR MANAGER

Michael Kaney

Daytime Phone #