

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90320 013 ****50.00

DOCUMENT # L99000005139		
1. Entity Name ALLIANCE INSURANCE AND INFORMATION SERVICES, L.L.C.		

Principal Place of Business 1111 8TH AVENUE WEST BRADENTON FL 34205	Mailing Address 1111 8TH AVENUE WEST BRADENTON FL 34205
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2. Principal Place of Business	3. Mailing Address 4000 Hollywood Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 500N

City & State Hollywood, FL	4. FEI Number 59-3596268	Applied For ☐ Not Applicable
Zip 33021	Country	5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

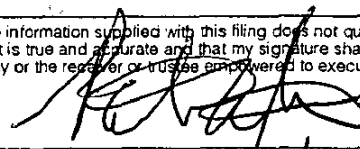
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR UNIV. LAND TITLE INVESTMENT #4, LLC 1555 PALM BEACH LAKES BLVD., AUTE 1000 WEST PALM BEACH FL 33401 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:  Patricia Petersen, Universal Land Title, Inc, it Sole member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

20060088



1st MOORE CR2E083 (10/04)

5/16/05, 954-364-4032