

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005139

**FILED**  
**Jan 13, 2006**  
**Secretary of State**

**Entity Name:** ALLIANCE INSURANCE AND INFORMATION SERVICES, L.L.C.

**Current Principal Place of Business:**

1111 8TH AVENUE WEST  
BRADENTON, FL 34205

**New Principal Place of Business:**

**Current Mailing Address:**

4000 HOLLYWOOD BLVD  
SUITE 500N  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 59-3596268      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:** MGR      ( ) Delete  
**Name:** UNIV. LAND TITLE INV, ESTMENT #4, LL C  
**Address:** 1555 PALM BEACH LAKES BLVD., AUIE 1000  
**City-St-Zip:** WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA PETERSEN

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01/13/2006

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