2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# L99000006078

Entity Name: ALLIANCE ACQUISITION, L.L.C.

Current Principal Place of Business:

1115 SOUTH MAIN ST.
BROOKSVILLE, FL 34601

New Principal Place of Business:

101 SOUTH MAIN ST.
BROOKSVILLE, FL 34601

Current Mailing Address:

POST OFFICE BOX 10160
BROOKSVILLE, FL 346030160

New Mailing Address:

FEI Number: 59-3599821 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASON, JOSEPH M JR.
101 SOUTH MAIN STREET
BROOKSVILLE, FL 346013338 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/MEMBERS:

Title: MGR ( ) Delete
Name: DOWNES, NICHOLAS J
Address: 15007 MORGAN LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGR ( ) Delete
Name: BRONSON, THOMAS E
Address: 24060 DEER RUN ROAD
City-St-Zip: BROOKSVILLE, FL 34601

Title: MGR ( ) Delete
Name: GRUBBS, JOHN G
Address: 1115 SOUTH MAIN STREET
City-St-Zip: BROOKSVILLE, FL 34601

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 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 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: NICHOLAS J DOWNES MGR 04/28/2004

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