


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000003436 1. Entity Name ALLIANCE CONSULTING GROUP, LLC	
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Principal Place of Business 1460 RENAISSANCE DRIVE PARK RIDGE, IL 60068	Mailing Address 1460 RENAISSANCE DRIVE PARK RIDGE, IL 60068
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DO NOT WRITE IN THIS SPACE



02212005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4340393	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZIER CONSULTING, L.L.C. 1460 RENAISSANCE DRIVE PARK RIDGE, IL 60068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDWEST LOSS ADJUSTMENT, LLC 1460 RENAISSANCE DRIVE PARK RIDGE, IL 60068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL, DAN 1460 RENAISSANCE DRIVE PARK RIDGE, IL 60068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/31/05-80051-020 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/21/05

Date

847-699-9450

Daytime Phone #