




**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

30006422

<b>DOCUMENT # M05000007113</b>		04-28-2006 90120 001 ***150.0	
1. Entity Name <b>ALLIANCE PP2 FX2 GP, L.L.C.</b>			
Principal Place of Business <b>135 REVERE DRIVE NORTHBROOK, IL 60062</b>		Mailing Address <b>135 REVERE DRIVE NORTHBROOK, IL 60062</b>	
2. Principal Place of Business <b>2 HARRISON STREET Suite, Apt. #, etc. 6TH FLOOR City &amp; State SAN FRANCISCO, CA Zip 94105</b>		3. Mailing Address <b>2 HARRISON STREET Suite, Apt. #, etc. 6TH FLOOR City &amp; State SAN FRANCISCO, CA Zip 94105</b>	
03302006 Chg-LLC CR2E063 (11/05)			
4. FEI Number <b>20-3889362</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL 32301</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> 04-18			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
NAME STREET ADDRESS CITY - ST - ZIP <b>MGR ALLIANCE PP2 FX2, L.L.C. 135 REVERE DRIVE NORTHBROOK, IL 60062</b>	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP <b>2 HARRISON STREET, 6TH FLOOR SAN FRANCISCO, CA 94105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information furnished 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 806, Florida Statutes.			
SIGNATURE: 		Dyanne Blaine Vice President 4/26/06 415.512.1515	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF LIMITED LIABILITY MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #</small>			

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000007113

1. Entity Name  
ALLIANCE PP2 FX2 GP, L.L.C.



Principal Place of Business  
135 REVERE DRIVE  
NORTHBROOK, IL 60062

Mailing Address  
135 REVERE DRIVE  
NORTHBROOK, IL 60062

30006424



2. Principal Place of Business  
2 HARRISON STREET  
Suite, Apt. #, etc.  
6TH FLOOR

3. Mailing Address  
2 HARRISON STREET  
Suite, Apt. #, etc.  
6TH FLOOR

03302006 Chg-LLC CR2E083 (11/05)

City & State  
SAN FRANCISCO, CA

City & State  
SAN FRANCISCO, CA

4. FEI Number  
20-3889362

Applied For  
Not Applicable

Zip Country  
94105 USA

Zip Country  
94105 USA

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 32301

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, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME ALLIANCE PP2 FX2, L.L.C.  
STREET ADDRESS 135 REVERE DRIVE  
CITY - ST - ZIP NORTHBROOK, IL 60062

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2 HARRISON STREET, 6TH FLOOR  
CITY - ST - ZIP SAN FRANCISCO, CA 94105

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Dyann Blaine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dyann Blaine  
Vice President

4/26/06 415 512 1515  
Date Daytime Phone #