


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90120 001 \*\*\*150.00

<b>DOCUMENT # M05000007117</b> 1. Entity Name <b>ALLIANCE PP2 FX3 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</b> <small>Suite, Apt. #, etc.</small> <b>6TH FLOOR</b>		3. Mailing Address <b>2 HARRISON STREET</b> <small>Suite, Apt. #, etc.</small> <b>6TH FLOOR</b>		03302006    Chg-LLC    CR2E063 (11/05)	
City & State <b>SAN FRANCISCO, CA</b>		City & State <b>SAN FRANCISCO, CA</b>		4. FEI Number <b>20-3889319</b>	
Zip    Country <b>94105    USA</b>		Zip    Country <b>94105    USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
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</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 _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>ALLIANCE PP2 FX3, L.L.C.</b> <b>135 REVERE DRIVE</b> <b>NORTHBROOK, IL 60062</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2 HARRISON STREET, 6TH FLOOR</b> <b>SAN FRANCISCO, CA 94105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.					
<b>SIGNATURE:</b> <i>Dyann Blaine</i> <b>Dyann Blaine</b> <i>4/26/06</i> <i>45512155</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					

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Country <b>USA</b>			Country <b>USA</b>		
4. FEI Number <b>20-3889319</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
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SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	2 HARRISON STREET, 6TH FLOOR SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.					
<b>SIGNATURE:</b> <i>Dyann Blaine</i> <b>Dyann Blaine</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date <b>4/26/06</b> Daytime Phone # <b>455121515</b>					

30006426



03302006 Chg-LLC CR2E083 (11/05)

ATTACHMENT

30006426  
#105000007123

B A B C O C K & B R O W N

Sydney Melbourne Brisbane San Francisco San Diego New York Greenwich Dublin Madrid London Paris Luxembourg Milan Munich Johannesburg Kuala Lumpur Hong Kong Tokyo

April 27, 2005

VIA FEDERAL EXPRESS

Florida Secretary of State  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

Re: Alliance Group of Entities – Annual Report Filings

To Whom It May Concern:

Enclosed you will find the original and one copy of the following identified 2006 annual reports for filing along with the appropriate payment:

**2006 Limited Liability Company Annual Reports**

Entity	Check #	Amount
Alliance PP2 FX1 GP, L.L.C.	40584	\$ 50.00
Alliance PP2 FX2 GP, L.L.C.	40584	\$ 50.00
Alliance PP2 FX3 GP, L.L.C.	40584	\$ 50.00

Please file stamp the copy received and return it to me in the enclosed self-addressed, stamped envelope.

Feel free to call me should you have any questions regarding this filing – 415.512.1515.

Thank you,

  
Stacy Taylor  
Corporate Paralegal

/sst.  
Enclosure