2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M97000000731

1. Entity Name

CITY - ST - ZIP

ALLIÁNCE UNDERWRITERS, LLC



FILED Apr 12, 2004 08:00 AM Secretary of State

Principal Place of Business

6955 UNION PARK CENTER, SUITE 350 MIDVALE, UT 84047

Mailing Address

6955 UNION PARK CENTER, SUITE 350 MIDVALE, UT 84047



03232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 87-0567754 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BUTLER, G. VINCENT 120 INTERNATIONAL PARKWAY, SUITE 176 LAKE MARY, FL 32795

DO NOT WRITE IN THIS SPACE

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).		
Filing Fee is \$50.00 Due by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENNINGS, LYNN 120 INTERNATIONAL PARKWAY, SUITE 176 LAKE MARY, FL 32795	U00000110481 04/12/04-80084-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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

- 1 C/ C/

Daytime Phone #