

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002136

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: NATIONAL BENEFIT ALLIANCE, LLC

**Current Principal Place of Business:**

10400 ACADEMY RD NE  
SUITE 245  
ALBUQUERQUE, NM 87111

**New Principal Place of Business:**

**Current Mailing Address:**

10400 ACADEMY RD NE  
SUITE 245  
ALBUQUERQUE, NM 87111

**New Mailing Address:**

FEI Number: 74-2969617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GARRETT, HERMAN  
225 S. TROPICAL TRAIL  
APT. 117  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

GARRETT, HERMAN  
1961 TALLPINE ROAD  
MELBOURNE, FL 32935 US

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:

01/04/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GILMORE, JOHN  
Address: 10400 ACADEMY NE STE 245  
City-St-Zip: ALBUQUERQUE, NM 87111

Title: MGRM ( ) Delete  
Name: MINNICK, TIM  
Address: 11824 JOLLYVILLE RD STE 100  
City-St-Zip: AUSTIN, TX 78720

Title: MGRM ( ) Delete  
Name: ROBBINS, BICKNELL  
Address: 860 EAST 4500 SOUTH, SUITE 300  
City-St-Zip: SALT LAKE CITY, UT 84107

**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 Chapter 119, 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: JOHN GILMORE

MGRM

01/04/2007

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