


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90305 034 \*\*\*\*50.00

<b>DOCUMENT # L01000010398</b>	
1. Entity Name <b>EMPLOYER'S ALLIANCE, LLC</b>	

Principal Place of Business <b>1115 U.S. HIGHWAY 98, SOUTH LAKELAND, FL 33801 US</b>	Mailing Address <b>P.O. BOX 468 LAKELAND, FL 33802 US</b>
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**20005117**



2. Principal Place of Business - No P.O. Box # <b>8875 Hidden River Parkway</b>	3. Mailing Address <b>8875 Hidden River Parkway</b>
Suite, Apt. #, etc. <b>Ste. 560</b>	Suite, Apt. #, etc. <b>Ste 560</b>

02192007 Chg-LLC CR2E083 (12/06)

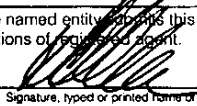
City & State <b>Tampa, FL</b>	City & State <b>Tampa, FL</b>
Zip <b>33637</b>	Country <b>USA</b>

4. FEI Number <b>59-3729371</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BULMAN, BRUCE A S T 1115 U.S. HIGHWAY 98, SOUTH LAKELAND, FL 33801</b>
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7. Name and Address of New Registered Agent Name <b>Thomas N. Newman</b> Street Address (P.O. Box Number is Not Acceptable) <b>8875 Hidden River Parkway</b> <b>Ste 560</b> City <b>Tampa</b> FL Zip Code <b>33637</b>
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8. The above named entity certifies 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 <b>2/21/07</b>

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LANIER UPSHAW, INC. 1115 U.S. HIGHWAY 98, SOUTH LAKELAND, FL 33801</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President J. John Wortman 300 Executive Way Ste 210 Ponte Vedra Beach, FL 32082</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman Phillip D. Nick 300 Executive Way Ste 210 Ponte Vedra Beach, FL 32082</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Thomas N Newman 8875 Hidden River Parkway Ste 560 Tampa, FL 33637</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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 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: 	DATE: <b>2/21/07</b>	DAYTIME PHONE: <b>813-707-8652</b>
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