2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000023395 1. Entity Name EMPLOYER'S ALLIANCE III, LLC								0				32 ****5	50.00
Principal Plac 8875 HIDDE SUITE 560 TAMPA, FL 3	n river pari		Mailing Address P.O. BOX 468 LAKELAND, FL 33802			 	ir ali 82 111 l	200 0 10 10 10 10 10 10 10 10 10 10 10 10 10	II) as in c e		KFR (1110 IBIGI R	# ## # ((6 # ##)	
Suite, Apt.	#, etc.	iss - No P.O. Box#	3. Mailing Address BB75 Hidden River Suite, Apt. #, etc. Stc # 560			Par	0219200		illi illi illi			083 (12/06)	
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<u> </u>		and Address of Current R		<u> </u>	<u>ر الايد</u>		7. Name a	and Add	ress of No	ew Real	stered A		
					Name	<u> </u>		<u> </u>		•			
BULMAN, BRUCE A 1115 U.S. HIGHWAY 98, SOUTH LAKELAND, FL 33801					E C	ddress (F	P.O. Box Nu	nberis I	Not Accen		<u>om</u>	ywk MU	way
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8. The above	named entity	syomits this statement for	the purpose of changing its	registere	d office o	r register	ed agent, or	both, in	the State	of Florid	a. Iam	familiar with,	and accept
the obligat	tions of registe	ed agent.									1	1 _	
SIGNATURE.	Signature hadra	printed name of registered agent an	vi title if applicable (NOTE	- Registered	Anent einnat						424	(5-)	
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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 fimited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPE OF FRINTED NAME OF SIGNING MANAGING WENDER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Date

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