

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-26-2007 90305 032 ****50.00

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DOCUMENT # L04000023395					
1. Entity Name EMPLOYER'S ALLIANCE III, LLC					
Principal Place of Business 8875 HIDDEN RIVER PARKWAY SUITE 560 TAMPA, FL 33637 US			Mailing Address P.O. BOX 468 LAKELAND, FL 33802 US		
2. Principal Place of Business - No P.O. Box # 8875 Hidden River Parkway Suite, Apt. #, etc. Ste # 560 City & State Tampa, FL Zip 33637 Country USA		3. Mailing Address 8875 Hidden River Parkway Suite, Apt. #, etc. Ste # 560 City & State Tampa, FL Zip 33637 Country USA		02192007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-0916779		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent BULMAN, BRUCE A 1115 U.S. HIGHWAY 98, SOUTH LAKELAND, FL 33801	
7. Name and Address of New Registered Agent Name THOMAS N. NEWMAN Street Address (P.O. Box Number is Not Acceptable) 8875 Hidden River Parkway Ste # 560 City TAMPA FL Zip Code 33637				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 2/21/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANIER UPSHAW, INC. 1115 U.S. HIGHWAY 98, SOUTH LAKELAND, FL 33801 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition J. JOHN WORTMAN 200 EXECUTIVE WAY Ste # 210 PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Phillip D. Nick 200 EXECUTIVE WAY Ste # 210 PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas N. Newman 8875 Hidden River Parkway Ste 560 Tampa, FL 33637	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 2/21/07 813-707-8652 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					