2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 28, 2007 8:00 am **Secretary of State** 02-28-2007 90146 033 ****50.00 **DOCUMENT # L05000066138** EMPLOYER'S ALLIANCE VI, LLC 2000503? Principal Place of Business Mailing Address 8875 HIDDEN RIVER PARKWAY P.O. BOX 468 LAKELAND, FL 33802 SUITE 560 US TAMPA, FL 33637 2. Principal Place of Business - No P.O. Box # Mailing Address 8875 Hidden River Parkway 8875 Hidden River Parkway 02192007 Chg-LLC CR2E083 (12/06) Ste # City & State Applied For City & State 4. FEI Number 43-2085547 Not Applicable TAMOR \$5.00 Additional 5. Certificate of Status Desired usa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent N. Newman BULMAN, BRUCE A 1115 U.S. HIGHWAY 98 LAKELAND, FL 33801 8. The above named entity shinks 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 rec agent. 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, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Delete President TITLE Addition TITLE Change E. JOHN WENTMAN Ste # 210 NAME LANIER UPSHAW, INC. STREET ADDRESS 1115 U.S. HIGHWAY 98 STREET ADDRESS CITY-ST-ZIP SOUTH LAKELAND, FL 33801 CITY-ST-ZIP <u>Vedra</u> Berich, FL 33082 ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME EXECUTIVE WOW STEN 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ponte Vedra Beach, FC 32082 Change Addition TITLE ☐ Delete TITLE Thomas N. Newman Rockway Ste 560 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 accordate 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 required to execute this report as required by Chapter 608, Florida Statutes.

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

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