

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002136

FILED
Mar 04, 2008
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
1961 TALLPINE ROAD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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:

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: MGRM (X) Change () Addition
Name: ROBBINS, BICKNELL
Address: 7090 UNION PARK AVE., STE 510
City-St-Zip: MIDVALE, UT 84047

I hereby certify that the information supplied with this filing does not qualify 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 M GILMORE

MGRM

03/04/2008

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