

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002136

FILED  
Jan 16, 2009  
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: 7090 UNION PARK AVE., STE 510  
City-St-Zip: MIDVALE, UT 84047

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

01/16/2009

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