
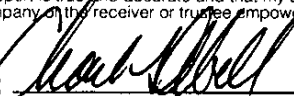


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90371 041 \*\*\*538.75

<b>DOCUMENT # M07000003570</b>			
1. Entity Name TRISERV ALLIANCE, LLC			
Principal Place of Business 8381 DIX ELLIS TRAIL JACKSONVILLE, FL 32256		Mailing Address 8381 DIX ELLIS TRAIL JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BLUE CROSS AND BLUE SHIELD OF FLA., INC. <input checked="" type="checkbox"/> Delete 4800 DEERWOOD CAMPUS PARKWAY, #100, 7TH FL JACKSONVILLE, FL 32256	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	PRESIDENT & CEO CHARLES S. ABELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8381 DIX ELLIS TRAIL, 2ND FLOOR JACKSONVILLE, FL 32256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(SEE ATTACHED CONTINUATION SHEET) <input type="checkbox"/> Change <input checked="" 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
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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		CHARLES S. ABELL, President & CEO 5-22-08 904-363-4850	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



ATTACHMENT

50005860

~~#M07000003570~~

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT  
DOCUMENT #M07000003570  
TRISERV ALLIANCE, LLC  
CONTINUATION SHEET

MGR  
MARK WHITE  
8381 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256

MGR  
STEVE COULTER  
8381 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256

MGR  
MIKE HAYES  
8381 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256

MGR  
JACK LEBER  
8381 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256

MGR  
ROBERT LUFRANO  
8381 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256

MGR  
PAT HEMINGWAY-HALL  
8381 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256

MGR  
TERRY KELLOGG  
8381 DIX ELLIS TRAIL  
JACKSONVILLE, FL 32256