2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# M07000003570

Entity Name: TRISERV ALLIANCE, LLC

Current Principal Place of Business:

8381 DIX ELLIS TRAIL
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8381 DIX ELLIS TRAIL
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 26-0270957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CEOP ( ) Delete
Name: ABELL, CHARLES S
Address: 8381 DIX ELLIS TRAIL 2ND FLOOR
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: COO ( ) Change (X) Addition
Name: BRESLIN, WILLIAM J
Address: 8381 DIX ELLIS TRAIL 2ND FLOOR
City-St-Zip: JACKSONVILLE, FL 32256

Title: CFO ( ) Change (X) Addition
Name: KAPP, MICHAEL D
Address: 8381 DIX ELLIS TRAIL 2ND FLOOR
City-St-Zip: JACKSONVILLE, FL 32256

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: CHARLES S. ABELL CEOP 04/21/2009

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