# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 27, 2007**
**Secretary of State**

DOCUMENT# L05000086090

**Entity Name:** ONE ACCORD GROUP, LLC

**Current Principal Place of Business:**

1411 S. ORANGE BLOSSOM TRAIL
C/O DAN G. GLANCY
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

1411 S. ORANGE BLOSSOM TRAIL
C/O DAN G. GLANCY
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GLANCY, DAN G
1411 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 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: MGR ( ) Delete
Name: MATTHEWS, OWEN S
Address: 1411 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: MGR ( ) Delete
Name: THURMAN, D. JON
Address: 1411 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

Title: MGR ( ) Delete
Name: GLANCY, DAN G
Address: 1411 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32805

**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: DAN L GLANCY MGR 04/27/2007

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