

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90562 027 ****50.00

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DOCUMENT # M01000000902



1. Entity Name
AVAILITY, L.L.C.

Principal Place of Business 4905 BELFORT ROAD SUITE 110 JACKSONVILLE FL 32256	Mailing Address 50 N LAURA STREET SUITE 2800 JACKSONVILLE FL 32202
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3715944** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOLLY, AREZOU C
 4800 DEERWOOD CAMPUS PKWY. 100-7
 JACKSONVILLE FL 32232-5133**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAM, NICKOLAS 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, BRUCE 500 W MAIN STREET LOUISVILLE KY 40201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LECLAIRE, BRIAN 500 W MAIN STREET LOUISVILLE KY 40201	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVERMORE, DUKE 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDEMAN, DON 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE FL 32246	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLAPSTEIN, JULIE 4905 BELFORT ROAD JACKSONVILLE FL 32256	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager (Chairperson) Nickolas E. Stamatogiannaki	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED**

4-28-03 (904) 905-6024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)

ATTACHMENT
M 01000000902
30065674

NAMES AND ADDRESSES OF OFFICERS

OFFICER	ADDRESS
Julie Klapstein, Chief Executive Officer	4800 Deerwood Campus Parkway Jacksonville, Florida 32246-8273
Arezou C. Jolly, Secretary	4800 Deerwood Campus Parkway Jacksonville, Florida 32246-8273
Bob Wall, Treasurer	4800 Deerwood Campus Parkway Jacksonville, Florida 32246-8273