


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000000975
 1. Entity Name
NATIONAL DIRECTORY ASSISTANCE, LLC



Principal Place of Business 12700 SHELBYVILLE ROAD, DANVILLE BLDG LOUISVILLE, KY 40243	Mailing Address 12700 SHELBYVILLE ROAD, DANVILLE BLDG LOUISVILLE, KY 40243
--	--

DO NOT WRITE IN THIS SPACE



01172004No Chg-LLC CR2E083 (10/03)

4. FEI Number 61-1389086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 526 EAST PARK AVE.
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004 000000026041
02/02/04-80129-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPEED, THOMAS F JR 12700 SHELBYVILLE ROAD, DANVILLE BLDG LOUISVILLE, KY 40243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RECHTER, DAN 6100 DUTCHMANS LANE, 10TH FLOOR LOUISVILLE, KY 40205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARNER, DAVID 11405 BLUEGRASS PARKWAY LOUISVILLE, KY 40299
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas F Speed Jr 1/19/04 504-420-9889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #