2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State
03-07-2008 90224 024 ***138.75

DOCUMENT # M01000000902

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

30003944

Principal Place of Business	Mailing Address
7406 FULLERTON STREET SUITE 300 JACKSONVILLE, FL 32256	7406 FULLERTON STREET SUITE 300 JACKSONVILLE, FL 32256

02252008 Chg-LLC CR2E083 (12/06)

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

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

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

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 32246	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GRANTHAM, L. JOSEPH 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HEMINGWAY-HALL, PAT 300 EAST RANDOLPH ST, 15TH FLOOR CHICAGO, IL 60601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GOODMAN, BRUCE 500 W MAIN STREET LOUISVILLE, KY 40201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR AYNER, KEN 300 EAST RANDOLPH ST, CHICAGO, IL 60601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LECLAIRE, BRIAN 500 W MAIN STREET LOUISVILLE, KY 40201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ANGELI, RAY Chicago, IL 300 EAST RANDOLPH ST. 60601	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LIVERMORE, DUKE 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARDEMAN, DON 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KLAPSTEIN, JULIE 7406 FULLERTON STREET, SUITE 300 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Margaret Coomes 4-10-08 904-470-4902
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #