


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003239 1. Entity Name ACCMERRITT LLC	
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Principal Place of Business 4400 SILAS CREEK PARKWAY SUITE 200 WINSTON-SALEM, NC 27104 US	Mailing Address 4400 SILAS CREEK PARKWAY SUITE 200 WINSTON-SALEM, NC 27104 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 September 8, 2004**

**U000000168154
07/26/04-80002-010 50.00**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DANIEL, LOYD R 4400 SILAS CREEK PARKWAY, SUITE 200 WINSTON-SALEM, NC 27104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CLAYTON, DOUGLAS M 4400 SILAS CREEK PARKWAY, SUITE 200 WINSTON-SALEM, NC 27104
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**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: Douglas M Clayton *[Signature]* **7/20/04** **336-760-1041**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #