2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000005645

1. Entity Name

NORTH FLORIDA MEDIATION & ARBITRATION SERVICES, LLC



FILED Jul 07, 2004 08:00 AM Secretary of State

Principal Place of Business

3014 WINDSOR WAY TALLAHASSEE, FL 32312 Mailing Address

3014 WNDSOR WAY TALLAHASSEE, FL 32312



07022004No Chg-LLC

CR2E083 (10/03)

FEI Number
 NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

F. PERRY ODOM

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNE

ODOM, F. PERRY 3014 WINDSOR WAY TALLAHASSEE, FL 32312

SIGNATURE:

DO	NOT	WRITE
IN	THIS	SPACE

		IN THIS SPACE
	named entity submits this statement for the purpose of char ions of registered agent.	aging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registreed Agent signature required when renststing) DATE
	iling Fee is \$50.00 by September 8, 2004	U00000164110 07/07/04-80032-006 50 00
9.	MANAGING MEMBERS/MANAGERS	
TITLE RAME STREET ADDRESS CITY-SI-ZIP	MGRM ODOM, F PERRY 3014 WINDSOR WAY TALLAHASSEE, FL 32312	
TITLE NAME STREET NOORESS CITY-ST-ZIP		
TITLE NAME STREET MODRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS OTTY-ST-ZIP		
indicated	d on this report is true and accurate and that my signature si	qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the cute this report as required by Chapter 608. Florida Statutes.