


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 25, 2006 08:00 AM  
Secretary of State

|   |   |     |  |  |  |
|---|---|-----|--|--|--|
| <b>DOCUMENT # L01000005645</b>  |   |     |  |                           |  |
| 1. Entity Name<br><b>NORTH FLORIDA MEDIATION &amp; ARBITRATION SERVICES, LLC</b>  |   |     |  |  |  |
| Principal Place of Business<br><b>3014 WINDSOR WAY<br/>TALLAHASSEE FL 32312</b>   |   |     | Mailing Address<br><b>3014 WINDSOR WAY<br/>TALLAHASSEE FL 32312</b>  |  |  |
| 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<br><b>NO-T APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |   |     |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ODOM, F. PERRY<br/>3014 WINDSOR WAY<br/>TALLAHASSEE FL 32312</b>  |   |     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |     |  |  |  |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2006</b>  |   |     |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |     | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>ODOM, F PERRY<br>3014 WINDSOR WAY<br>TALLAHASSEE FL 32312 <input type="checkbox"/> Delete |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | 000000531735 <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>05/06/06-80054-018 50.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |     | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Section 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:** F. Perry Odom **F. PERRY ODOM** 4/23/06 (850)385-8558  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #