

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020188

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: CONTEGA BUSINESS SERVICES, LLC

## Current Principal Place of Business:

ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

## New Principal Place of Business:

## Current Mailing Address:

ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

## New Mailing Address:

FEI Number: 75-3083344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUTCHESON GRIGGS, GWEN  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

DRIVER, JR., G. RAY  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

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.

SIGNATURE: G. RAY DRIVER, JR.

04/23/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MCAFEE, MATTHEW S  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR ( ) Delete  
Name: DRIVER, JR., G. RAY  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR ( ) Delete  
Name: HUTCHESON GRIGGS, GWEN H  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR ( ) Delete  
Name: PEEK, J. JACOB R  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: HUTCHESON GRIGGS, GWEN  
Address: ONE INDEPENDENT DRIVE, SUITE 1200  
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: G. RAY DRIVER, JR.

MGR

04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date