2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031603

Entity Name: TRANS ACCURATE TRANSCRIPTION, LLC

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1245 S. U.S. #1 5801 PALEO PINES CIRCLE VERO BEACH, FL 32962 FT. PIERCE, FL 34957

Current Mailing Address: New Mailing Address:

762 S US HWY 1 1245 S. U.S. #1

VERO BEACH, FL 32962 VERO BEACH, FL 32962

FEI Number: 33-1031308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEOWE, FRANK LEOWE, FRANK 5801 PALEO PINES CIRCLE 1245 S. ÚS 1 VERO BEACH

VERO BEACH, FL 34950 FT. PIERCE, FL 32962

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: FRANK R LEONE 04/29/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR Title: (X) Change () Addition () Delete

LEONE, FRANK R LEONE, FRANK R Name: Name: 1245 S. US HWY 1 Address: 5801 PALEO PINES CIRCLE Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: FT. PIERCE, FL 34951

(X) Change () Addition Title: MGRM () Delete Title: MGRM Name: CASSIDY, MANON M Name: CASSIDY, MANON M

Address: 1245 S. US HWY 1 Address: 5801 PALEO PINES CIRCLE City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: FT. PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANK R LEONE 04/29/2005