

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001247

FILED  
Apr 28, 2004  
Secretary of State

**Entity Name:** ACCENT ON PRONUNCIATION, LLC

**Current Principal Place of Business:**

4304 NW 31ST TERRACE  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 357742  
GAINESVILLE, FL 32635 US

**New Mailing Address:**

**FEI Number:** 82-0583237

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GLIESCHE, JULES D DR.  
4304 NW 31ST TERRACE  
GAINESVILLE, FL 32605 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** GLIESCHE, SHERRY T  
**Address:** 4304 NW 31ST TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32605 US

**Title:** MGRM (X) Delete  
**Name:** BRO, JOHN H  
**Address:** 1106 NE 9TH AVE.  
**City-St-Zip:** GAINESVILLE, FL 32601 US

**ADDITIONS/CHANGES:**

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

**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 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:** DR. JULES D. GLIESCHE

MGR

04/28/2004

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