2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L03000026596

Entity Name: FHBIA SERVICES COMPANY, LLC

Current Principal Place of Business:

2600 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15459
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 57-1191620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, TOM L
2600 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 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/MANAGERS:

Title:	MGR	( ) Delete
Name:	LITTLEFIELD, CAROLYN B CEO	
Address:	2600 CENTENNIAL PLACE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGR	( ) Delete
Name:	DOWD, BILL	
Address:	2600 CENTENNIAL PLACE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGR	( ) Delete
Name:	ROGAN, JOHN	
Address:	2600 CENTENNIAL PLACE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGR	( ) Delete
Name:	DELANEY, MICHELLE	
Address:	2600 CENTENNIAL PLACE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGR	( ) Delete
Name:	TYLKA, LEN	
Address:	2600 CENTENNIAL PLACE	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	MGR	( ) Delete
Name:	GILMORE, DAN	
Address:	2600 CENTENNIAL PLACE	
City-St-Zip:	TALLAHASSEE, FL 32308	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: CAROLYN B LITTLEFIELD MGR 04/17/2007

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