2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0400001436 1. Entity Name



FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90034 044 ****50.00

Principal Place of Business	NATIONA	L LITIGATION GROUP, LLC				04-15-2000	70054 044	30.00
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. C1312006 Chg-LC CR25083 (11/05) Cley & State Cley & State A. FEI Number D4-3782143 Next Applied For O4-3782143 Next Applied For O4-3782144 Next Applied For O4-37	3900 ATLANTIC BOULEVARD 3900 ATLANTIC BOU		3900 ATLANTIC BOULEVA		I PERMEN	ni comi quen espec com espec	opin enidi meli ologa il	IER RYTHRE IN STRI
City & State City & State City & State A. FEI Number Crity & State A. FEI Number City & State Cit	2- Principal Place of Business		©1Mailing/Address					
Zip Country Zip Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312006	Chg-LLC	CR2E083 (11/	05)
S. Certificate of Status Userero 6. Name and Address of Current Registered Agant 7. Name and Address of New Registered Agant 7. Name and Address of New Registered Agant Name Name Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the debligations of registered agent, or both, in the State of Florida. I	City & State		City & State					
RONNEY G. GREGORY, ATTORNEY, P.A. 3900 ATLANTIC BOULEVARD JACKSONVILLE, FL 32207 City FL Zip Code Ci	Zip	Country	Zip	Country			Fee Req	
Street Address (P.O. Box Number is Not Acceptable) City		6. Name and Address of Current R	legistered Agent	Name	7. Name an	d Address of New Re	egistered Agent	
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyaid or protect name of inquisited agent and 16 if population. PACTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyaid or protect name of inquisited agent and 16 if population. PACTE Registered Agent signature required when revealed when reveale	3900 ATLA	ANTIC BOULEVARD	Α.	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
B. 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		VIELE, 1 E 32201		City	<u> </u>		□ Zip	Code
Tilling Fee S \$50.00 Footing Delete Tilling Fee S \$50.00 Footing Delete Tilling Fee S \$50.00 Footing Delete Tilling Fee S \$50.00 Footing Fee Fee S \$50.00 Footing Fee Fee	8. The above	named entity submits this statement for	the purpose of changing its re	nistered office or rea	istered agent, or b	oth, in the State of Flor		with, and accept
Signature, hypoid or printed ream of ingistered agont and the if epiclacistic. NOTE: Registered Agont signature inequirity when mentaturing Status								,
NANAGING MEMBERS 10. ADDITIONS Change Addition	SIGNATURE .	Signature, typed or printed name of registered agent at	nd title if epplicable. (NOTE: R	agistared Agent signature rec	auired when reinstating)		DATE	
TITLE NAME CCLOM, WILBUR STREET ADDRESS CITY-ST-2IP TITLE MGR COLUMBUS, MS 397030866 TITLE MGR COLUMBUS, MS 397030866 TITLE NAME BUFFORD, ROBERT STREET ADDRESS ATT WEST CHAPEL HILL ST DURHAM, NC 27701 TITLE NAME CRUMP, BENJAMIN STREET ADDRESS CITY-ST-2IP TITLE NAME CRUMP, BENJAMIN STREET ADDRESS CITY-ST-2IP TITLE NAME DOUGLAS, CARL E STREET ADDRESS CITY-ST-2IP TITLE NAME NAME STREET CITY-ST-2IP TITLE NAME NAME NAME STREET CITY-ST-2IP TITLE NAME NAME NAME NAME STREET CITY-ST-2IP TITLE NAME NAME NAME NAME NAME STREET NAME STREET ADDRESS CITY-ST-2IP TITLE NAME NAME NAME NAME NAME NAME STREET NAME STREET NAME NAME NAME NAME NAME NAME STREET NAME NAME NAME NAME STREET NAME STREE	FI	iling Fee is \$50.00 ue by May 1, 2006		-	-			
NAME SIREET ADDRESS CITY-ST-2IP COLUMBUS, MS 397030866 COLUMBUS, MS 397030866 COLUMBUS, MS 397030866 COLUMBUS, MS 397030866 CITY-ST-2IP ITILE NAME BUFFORD, ROBERT SIREET ADDRESS CITY-ST-2IP TILE CRUMP, BENJAMIN STREET ADDRESS CITY-ST-2IP TILE MGR CRUMP, BENJAMIN STREET ADDRESS CITY-ST-2IP TILE MGR CRUMP, BENJAMIN STREET ADDRESS CITY-ST-2IP TILE MGR DOUGLAS, CARL E STREET ADDRESS CITY-ST-2IP TILE MGR DOUGLAS, CARL E STREET ADDRESS CITY-ST-2IP TILE NAME DOUGLAS, CARL E STREET ADDRESS CITY-ST-2IP TILE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-2IP BLUEFIELD, WV 24701 TILE NAME MGOORE, EDWARD STREET ADDRESS S	9.	MANAGING MEMBER	I. RS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE MGR BUFFORD, ROBERT Delete MAME STREET ADDRESS A11 VVEST CHAPEL HILL ST DURHAM, NC 27701 CITY-ST-ZIP DURHAM, NC 27701 Delete MAME CRUMP, BENJAMIN	NAME STREET ADDRESS	COLOM, WILBUR P.O. BOX 866	Delete	NAME Street Address			☐ Char	nge 🔲 Addition
NAME STREET ADDRESS CITY-ST-ZIP DURHAM, NC 27701 CITY-ST-ZIP TITLE MGR CRUMP, BENJAMIN 240 MAGNOLIA STREET TALLAHASSEE, FL 32301 TITLE MGR DOUGLAS, CARL E STREET ADDRESS CITY-ST-ZIP BEVERLY HILLS, CA 902124309 TITLE MGRM LONG, FRANKLIN TITLE MGRM LONG, FRANKLIN TITLE MGRM LONG, FRANKLIN TY27 BLAND ST STREET ADDRESS CITY-ST-ZIP BLUEFIELD, WV 24701 TITLE MGR MGR Detete MGR Detete MGR Detete MGR MGR Detete MGR	· · · · · ·	 						
STREET ADDRESS CITY-ST-ZIP DURHAM, NC 27701 TITLE MGR CRUMP, BENJAMIN STREET ADDRESS CITY-ST-ZIP TITLE MGR CRUMP, BENJAMIN 240 MAGNOLIA STREET TALLAHASSEE, FL 32301 TITLE MGR DOUGLAS, CARL E 315 S BEVERLY DR, STE 305 CITY-ST-ZIP BEVERLY HILLS, CA 902124309 TITLE MGRM LONG, FRANKLIN NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN TZ7 BLAND ST BLUEFIELD, WV 24701 TITLE MGR MGR DOEISI STREET ADDRESS CITY-ST-ZIP TITLE MGR MOORE, EDWARD STREET ADDRESS STREE	li .	· ·	Delete				∐ Char	nge [] Addition
ITILE MGR Delete ITILE CRUMP, BENJAMIN CRUMP, BENJAMIN CRUMP, BENJAMIN CRUMP, BENJAMIN CRUMP, BENJAMIN CRUMP, BENJAMIN CANDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP CHange Addition Addition Change Change Addition Change Addition Change Change Addition Change Addition Change Addition Change Change Addition Change Change Addition Change Change Change Addition Change Change Change Change Addition Change Change Change Addition Change Change Change Change Change Addition Change	STREET ADDRESS	· ·		STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 TITLE MGR DOUGLAS, CARL E STREET ADDRESS CITY-ST-ZIP TITLE MGR DOUGLAS, CARL E STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN NAME LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TITLE MGRM MORE STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TITLE MGRM MORE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MGR MOORE, EDWARD STREET ADDRESS				· · · · · · · · · · · · · · · · · · ·				
STREET ADDRESS CITY-ST-ZIP TRUE MGR DOUGLAS, CARL E STREET ADDRESS CITY-ST-ZIP TRUE MGR DOUGLAS, CARL E STREET ADDRESS CITY-ST-ZIP TRUE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TRUE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TRUE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TRUE MGRM MAME STREET ADDRESS CITY-ST-ZIP TRUE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TRUE MGR			☐ Detete				☐ Char	nge 📋 Addition
TITLE MGR DOUGLAS, CARL E STREET ADDRESS CITY-ST-ZIP TITLE MGRM Delete TITLE LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TITLE MGRM Delete TITLE LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TITLE MGRM Delete TITLE CITY-ST-ZIP TITLE MGRM CITY-ST-ZIP TITLE MGRM DELETELD, WV 24701 TITLE MGR STREET ADDRESS		l '						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN STREET ADDRESS CITY-ST-ZIP TITLE MGR MGR T27 BLAND ST STREET ADDRESS CITY-ST-ZIP TITLE MGR MOORE, EDWARD STREET ADDRESS				<u> </u>				
STREET ADDRESS CITY-ST-ZIP TITLE MGRM LONG, FRANKLIN NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR MGR LONG, FRANKLIN NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR MGR LONG, FRANKLIN NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR MOGR Detete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MGR MOORE, EDWARD STREET ADDRESS		1 -	☐ Detete				☐ Char	nge Addition
TITLE MGRM Delete TITLE CREEK, SUITE 1400 Delete TITLE CREEK, SUITE 1400 DELETE TITLE CREEK, SUITE 1400 STREET ADDRESS CITY-ST-ADDRESS CITY-ST-ZIP CREEK ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CREEK SUITE 1400 STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·		i I				
NAME STREET ADDRESS CITY-ST-ZIP MGR MOORE, EDWARD STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MOORE, EDWARD STREET ADDRESS	CITY-ST-ZIP	BEVERLY HILLS, CA 902124309	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP BLUEFIELD, WV 24701 TITLE MGR MOORE, EDWARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MOORE, EDWARD STREET ADDRESS 3811 TURTLE CREEK, SUITE 1400 STREET ADDRESS			☐ Delete				☐ Char	nge 🗌 Addition
CITY-ST-ZIP BLUEFIELD, WV 24701 TITLE MGR MOORE, EDWARD STREET ADDRESS 3811 TURTLE CREEK, SUITE 1400 CITY-ST-ZIP CITY-ST-ZIP TITLE MAGR MOORE, EDWARD STREET ADDRESS STREET ADDRESS		<u> </u>						
NAME MOORE, EDWARD NAME STREET ADDRESS 3811 TURTLE CREEK, SUITE 1400 STREET ADDRESS								
STREET ADDRESS 3811 TURTLE CREEK, SUITE 1400 STREET ADDRESS	tinte	MGR	☐ Detete	TITLE			☐ Chai	nge 🔲 Addition
	ĺ	! · ·		l I				
611-51-41 UMLLAS, 1A / 52 15 E 611-51-41		i '	00					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information		'	this filing does not availed for the		and in Chanter 1+0	Elorida Statutas 15-	ther certify that the	information

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

662327-0903