## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000055536

FILED Jan 28, 2005 Secretary of State

Entity Name: ACCORD SERVICES OF NORTHEAST FLORIDA, LLC

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

3599 UNIVERSITY BOULEVARD SOUTH SUITE 402 JACKSONVILLE, FL 32216

Current Mailing Address: New Mailing Address:

3599 UNIVERSITY BOULEVARD SOUTH SUITE 402 JACKSONVILLE, FL 32216

FEI Number: 20-1428901 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

CAMMERER, JENNY
3599 UNIVERSITY BOULEVARD SOUTH
SUITE 402
JACKSONVILLE, FL 32216 US

GURLEY, THOMAS
3599 UNIVERSITY BOULEVARD SOUTH
SUITE 402
JACKSONVILLE, FL 32216 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.

CICNATURE: THOMAS CURIEV

SIGNATURE: THOMAS GURLEY 01/28/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ADAMS, STEVE A
 Name:

 Address:
 481 GARLLARDIA WAY
 Address:

 City-St-Zip:
 ACKWORTH, GA 30102
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 ADAMS, KATAYOUN
 Name:

 Address:
 481 GARLLARDIA WAY
 Address:

 City-St-Zip:
 ACKWORTH, GA 30102
 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: STEVE ADAMS MGRM 01/28/2005