

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088117

FILED
Aug 24, 2005
Secretary of State

Entity Name: BILLING RESOURCES, LLC

Current Principal Place of Business:

12479 TELECOM DRIVE
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

12479 TELECOM DRIVE
TAMPA, FL 33637

New Mailing Address:

FEI Number: 59-3677604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: FRANKLIN, H. HOWARD
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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

Title: MGR () Delete
Name: FAVATA, JOHN J JR.
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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

Title: MGR () Delete
Name: HULLS, JAMES R
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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

Title: MGR () Delete
Name: CONLEY, AMY R
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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

Title: MGR () Delete
Name: LANDREVILLE, ANDRE
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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

Title: MGR () Delete
Name: LAY, STEVEN F
Address: 12479 TELECOM DRIVE
City-St-Zip: TAMPA, FL 33637

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: ANN MCCORMICK

DIR

08/24/2005

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