

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078892

**FILED**  
**Jan 16, 2007**  
**Secretary of State**

**Entity Name:** ACCREDITATION CONSULTANTS, L.L.C.

**Current Principal Place of Business:**

4211 NW 186TH STREET  
NEWBERRY, FL 32669

**New Principal Place of Business:**

1731-B NW 6TH STREET  
GAINESVILLE, FL 32609

**Current Mailing Address:**

4211 NW 186TH STREET  
NEWBERRY, FL 32669

**New Mailing Address:**

1731-B NW 6TH STREET  
GAINESVILLE, FL 32609

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

DECUBELLIS, LILA G  
4211 NW 186TH STREET  
NEWBERRY, FL 32669    US

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

DECUBELLIS, LILA G  
1731-B NW 6TH STREET  
GAINESVILLE, FL 32609    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: LILA DECUBELLIS

01/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title:            MGR            ( ) Delete  
Name:            DECUBELLIS, LILA G  
Address:        4211 NW 186TH STREET  
City-St-Zip:    NEWBERRY, FL 32669

Title:            MGRM            ( ) Delete  
Name:            DECUBELLIS, STEPHEN D  
Address:        4211 NW 186TH STREET  
City-St-Zip:    NEWBERRY, FL 32669

**ADDITIONS/CHANGES:**

Title:            MGR            (X) Change ( ) Addition  
Name:            DECUBELLIS, LILA G  
Address:        1731-B NW 6TH STREET  
City-St-Zip:    GAINESVILLE, FL 32609

Title:            MGRM            (X) Change ( ) Addition  
Name:            BARROW, MARK V DR.  
Address:        1731-B NW 6TH STREET  
City-St-Zip:    GAINESVILLE, FL 32609

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: LILA DECUBELLIS

MGR

01/16/2007

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