


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000123176</b>	
1. Entity Name <b>ACCOUNTING BY BILL, LLC</b>	

Principal Place of Business <b>611 N. ROCKINGHAM AVE. APT. #1 TAVARES, FL 32778 US</b>	Mailing Address <b>PO BOX 216 TAVARES, FL 32778 US</b>
---	---



02272008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3837062</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  <b>AINSLIE, WILLIAM G 611 N. ROCKINGHAM AVE. APT. #1 TAVARES, FL 32778</b>
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

8. 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.

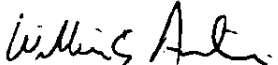
SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>	DATE _____
--	------------

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AINSLIE, WILLIAM G 611 N. ROCKINGHAM AVE. APT. #1 TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AINSLIE, ELIZABETH A 611 N. ROCKINGHAM AVE. APT. #1 TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000846941 03/18/08-80048-023 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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 indicated on this report is true and accurate and that my 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.

<b>SIGNATURE:</b>  <b>William G Ainslie</b>	<b>2/27/08</b>	<b>352-255-6594</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>