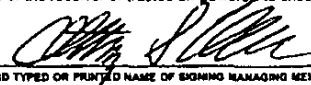


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3

FILED
Jun 29, 2007 8:00 am
Secretary of State

05-03-2007 90252 026 ****50.00

DOCUMENT # L06000003687					
1. Entity Name DOCUMANAGEMENT, LLC					
Principal Place of Business 76 S. LAURA STREET STE 2110 JACKSONVILLE, FL 32202			Mailing Address 76 S. LAURA STREET STE 2110 JACKSONVILLE, FL 32202		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4125181	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BMD FLORIDA SERVICE, LLC 76 S. LAURA STREET STE 2110 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNA, ANTHONY S 75 EAST MARKET STREET AKRON, OH 44308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISMANTH, KENNETH J 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORR, MARK S 75 E. MARKET STREET AKRON, OH 44308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGT, BRIAN D 6 E. BAY STREET, SUITE 300 JACKSONVILLE, FL 32202	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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.					
SIGNATURE: 			Anthony S. Manna 4-27-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

30011354



04242007 Chg-LLC CR2E083 (12/06)

ATTACHMENT

BRENNAN, MANNA & DIAMOND

ATTORNEYS & COUNSELORS AT LAW

Anna-Karina Dragolich
Phone: (330) 253-5060
Fax: (330) 253-1977
Email: akdragolich@bmdllc.com

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L06000003687

June 26, 2007

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

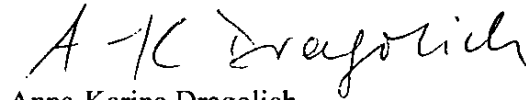
RE: DocuManagement, LLC

Dear Sir or Madam:

Enclosed please find the *Corrected* 2007 Annual Report for the above-referenced limited liability company.

Thank you for your time and attention to this matter. Please feel free to contact me with any questions you may have.

Very truly yours,



Anna-Karina Dragolich
Paralegal