

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



04032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4125181	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BMD FLORIDA SERVICE, LLC
76 S. LAURA STREET STE 2110
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

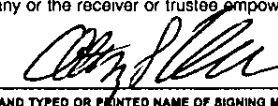
05/20/08-80099-003 138.75

**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 MANNA, ANTHONY S 75 EAST MARKET STREET AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRISMANTH, KENNETH J 76 S. LAURA STREET, SUITE 2110 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CORR, MARK S 75 E. MARKET STREET AKRON, OH 44308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOGT, BRIAN D 6 E. BAY STREET, SUITE 300 JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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** **4/23/08** **330-253-5060**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #