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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L99000003709

1. Entity Name
NATIONAL LITIGATION SERVICES, PLC

Principal Place of Business

Mailing Address

ONE SOUTHEAST THIRD AVENUE, TENTH FLOOR MIAMI, FL 33131

ONE SOUTHEAST 3RD AVE. 10TH FLOOR MIAMI, FL 33131

FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90494 026 ****50.00



01072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0934637

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, MARC K ONE SOUTHEAST THIRD AVENUE, TENTH FLOOR MIAMI, FL 33131

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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)

DATE

Filing Fee is \$50.00 Due by May 1, 2004

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Į	9,	MANAGING MEMBERS/MANAGERS
	TITLE NAME	MGR HOLTZ, LAURIE
l	STREET ADDRESS CITY-ST-ZIP	ONE SOUTHEAST 3RD AVENUE, 10TH FLOOR MIAMI, FL 33131
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDEMAL, JOE 8230 LEESBURG PIKER, SUITE 700 VIENNA, VA 22182
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POLITZINGER, DAVID 3 MINNEAKONING ROAD FLEMINGTON, NJ 08822
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANKEL, BARRY 1073 WEST PEACHTREE STREET N.E. ATLANTA, GA 30309
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINKEL, RICHARD 29 S. MAIN STREET WEST HARTFORD, CT 06127
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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.

MARC K. POWERS, ADMINISTRATIVE DIRECTOR

SNATURE/// Korrey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/19/2004

305-3774248

Date

Daytime Phone #