


FILED
Apr 15, 2008 8:00 am
Secretary of State

03-07-2008 90224 024 ***138.75

**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # M01000000902			
1. Entity Name AVAILITY, L.L.C.			
Principal Place of Business 7406 FULLERTON STREET SUITE 300 JACKSONVILLE, FL 32256		Mailing Address 7406 FULLERTON STREET SUITE 300 JACKSONVILLE, FL 32256	
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
		02252008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 59-3715944		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JOLLY, AREZOU C 4800 DEERWOOD CAMPUS PKWY. 100-7 JACKSONVILLE, FL 32246		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 _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANTHAM, L. JOSEPH 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32248 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEMINGWAY-HALL, PAT 300 EAST RANDOLPH ST, 15TH FLOOR CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, BRUCE 500 W MAIN STREET LOUISVILLE, KY 40201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AYNER, KEN 300 EAST RANDOLPH ST, CHICAGO, IL 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LECLAIRE, BRIAN 500 W MAIN STREET LOUISVILLE, KY 40201 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELI, RAY Chicago, IL 300 EAST RANDOLPH ST. 60601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVERMORE, DUKE 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDEMAN, DON 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLAPSTEIN, JULIE 7406 FULLERTON STREET, SUITE 300 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Margaret Cooney</u>		Date: <u>4-10-08</u> 904-470-4902	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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