

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000902

Entity Name: AVAILITY, L.L.C.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

7406 FULLERTON STREET
SUITE 300
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7406 FULLERTON STREET
SUITE 300
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3715944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOLLY, AREZOU C
4800 DEERWOOD CAMPUS PKWY. 100-7
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRANTHAM, L. JOSEPH
Address: 4800 DEERWOOD CAMPUS PARKWAY
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR () Delete
Name: GOODMAN, BRUCE
Address: 500 W MAIN STREET
City-St-Zip: LOUISVILLE, KY 40201

Title: MGR () Delete
Name: LECLAIRE, BRIAN
Address: 500 W MAIN STREET
City-St-Zip: LOUISVILLE, KY 40201

Title: MGR () Delete
Name: LIVERMORE, DUKE
Address: 4800 DEERWOOD CAMPUS PARKWAY
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR () Delete
Name: HARDEMAN, DON
Address: 4800 DEERWOOD CAMPUS PARKWAY
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR () Delete
Name: KLAPSTEIN, JULIE
Address: 7406 FULLERTON STREET, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: JESSER, JOHN F
Address: 8333 ROCKSIDE RD, SUITE 200
City-St-Zip: VALLEY VIEW, OH 44125

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JULIE KLAPSTEIN

MRG

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date