


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90090 003 \*\*\*\*50.00

<b>DOCUMENT # M02000001158</b>	
1. Entity Name <b>ALTERNATIVE SERVICE CONCEPTS, L.L.C.</b>	

Principal Place of Business <b>1415 MURFREESBORO RD., STE. 600 NASHVILLE TN 37217</b>	Mailing Address <b>1415 MURFREESBORO RD., STE. 600 NASHVILLE TN 37217</b>
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2. Principal Place of Business <b>1101 Kermit Drive</b> Suite, Apt. #, etc. <b>Suite 800</b> City & State <b>Nashville TN</b> Zip <b>TN 37217</b>	3. Mailing Address <b>P O Box 305148</b> Suite, Apt. #, etc. City & State <b>Nashville TN</b> Zip <b>37230-5148</b>
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1st MOORE CR2E083 (10/04)

4. FEI Number <b>43-1954328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCHRAN, GEORGE N 1415 MURFREESBORO RD., STE. 600 NASHVILLE TN 37217 <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 CARONIA, LEONARD S 1415 MURFREESBORO RD., STE. 600 NASHVILLE TN 37217 <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 PEARL, JAMES C 1415 MURFREESBORO RD., STE. 600 NASHVILLE TN 37217 <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 BENNETT, ROBERT H 1415 MURFREESBORO RD., STE. 600 NASHVILLE TN 37217 <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	<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	<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 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.

SIGNATURE: Teela C. Stephens 06/29/05 615-360-1358  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #