


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # M04000004466 1. Entity Name AKERSLOOT, PATTERSON & ASSOCIATES, P.L.L.C.	
---	---

Principal Place of Business 3326 ASPEN GROVE DRIVE SUITE 500 FRANKLIN, TN 37067	Mailing Address 3326 ASPEN GROVE DRIVE SUITE 500 FRANKLIN, TN 37067
--	--

DO NOT WRITE IN THIS SPACE



01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 62-1384008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent AYERS, EDITH M 477 CAPTAINS CIRCLE DESTIN, FL 32541
--

**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)

**Filing Fee is \$50.00
Due by May 1, 2007**

DATE
03/28/07-80040-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, LISA L 3326 ASPEN GROVE DRIVE, SUITE 500 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AKERSLOOT, CHARLES III 3326 ASPEN GROVE DRIVE, SUITE 500 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 <i>Lisa L. Patterson CPA</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>1/17/07</i> <small>Date</small>	<i>615-724-0925</i> <small>Daytime Phone #</small>
--	---------------------------------------	---