

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004955

FILED
Jan 10, 2007
Secretary of State

Entity Name: RESTORE MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35124

New Principal Place of Business:

Current Mailing Address:

245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35124

New Mailing Address:

FEI Number: 06-1727612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: NEAL, WILLIAM H
Address: 245 CAHABA VALLEY PARKWAY, SUITE 200
City-St-Zip: PELHAM, AL 35124

Title: MGR (X) Delete
Name: KANTARZE, KHRYS
Address: 245 CAHABA VALLEY PARKWAY, SUITE 200
City-St-Zip: PELHAM, AL 35124

Title: MGR () Delete
Name: HEMM, MARGARET
Address: 245 CAHABA VALLEY PARKWAY, SUITE 200
City-St-Zip: PELHAM, AL 35124

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM H. NEAL

CFO

01/10/2007

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