

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M95000000151

**FILED**  
**Feb 08, 2007**  
**Secretary of State**

**Entity Name:** DEVELOPMENTAL DISABILITY MANAGEMENT SERVICES, L.C.

**Current Principal Place of Business:**

468 HALLE PARK DRIVE  
COLLIERVILLE, TN 38017

**New Principal Place of Business:**

**Current Mailing Address:**

468 HALLE PARK DRIVE  
COLLIERVILLE, TN 38017

**New Mailing Address:**

**FEI Number:** 52-1920774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, C. GARY  
227 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32303 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: MGRM ( ) Delete  
Name: SWATLEY, TERRY  
Address: 5050 POPLAR AVE, STE 718  
City-St-Zip: MEMPHIS, TN 38157

Title: MGRM ( ) Delete  
Name: NABIT, CHARLES J  
Address: 17 COMMERCE STREET  
City-St-Zip: BALTIMORE, MD 21202

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SWATLEY, TERRY  
Address: 468 HALLE PARK DR.  
City-St-Zip: COLLIERVILLE, TN 38017

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:** WAYNE ADDISON

CONT

02/08/2007

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