

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119675

FILED
Apr 24, 2006
Secretary of State

Entity Name: SERVICE NEW ORLEANS, LLC

Current Principal Place of Business:

401 E. LAS OLAS BLVD., SUITE 1140
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

401 E. LAS OLAS BLVD
SUITE 1220
FORT LAUDERDALE, FL 33301

Current Mailing Address:

401 E. LAS OLAS BLVD., SUITE 1140
FORT LAUDERDALE, FL 33301

New Mailing Address:

401 E. LAS OLAS BLVD
SUITE 1220
FORT LAUDERDALE, FL 33301

FEI Number: 20-3953562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE, 28TH FL
MIAMI, FL 33131 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BYRNE, THOMAS C
Address: 401 E LAS OLAS BLVD STE 1220
City-St-Zip: FT LAUDERDALE, FL 33301

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: THOMAS C BYRNE

MGR

04/24/2006

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