2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000018644

1. Entity Name
CASTOROIDES RESEARCH, LLC

Principal Place of Business	Mailing Address
16740 BIRKDALE COMMONS PKWY., STE. 210 HUNTERSVILLE, NC 28078	16740 BIRKDALE COMMONS PKWY., STE. 210 HUNTERSVILLE, NC 28078

DO NOT WRITE IN THIS SPACE

03292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HERSHEY, MARLIN S
7040W. PALMETTO PARK RD., #4
PMB 392
BOCA RATON, FL 33433

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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 _____ DATE
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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DAYA, MANOJ
STREET ADDRESS	16740 BIRKDALE COMMONS PKWY., STE. 210
CITY-ST-ZIP	HUNTERSVILLE, NC 28078
TITLE	MGRM
NAME	MAHONEY, BRIAN
STREET ADDRESS	16740 BIRKDALE COMMONS PKWY., STE. 210
CITY-ST-ZIP	HUNTERSVILLE, NC 28078
TITLE	MGRM
NAME	HERSHEY, MARLIN
STREET ADDRESS	16740 BIRKDALE COMMONS PKWY., STE. 210
CITY-ST-ZIP	HUNTERSVILLE, NC 28078
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Manoj Daya 3-29-05 704-895-0696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #