


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90018 048 ****50.00

DOCUMENT # L03000018623 1. Entity Name HECHT RESEARCH LABORATORIES, L.L.C.	
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Principal Place of Business 1801 WEST 10TH STREET RIVIERA BEACH, FL 33404	Mailing Address 1801 WEST 10TH STREET RIVIERA BEACH, FL 33404
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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Zip	Country	Zip	Country
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04072005 Chg-LLC CR2E083 (10/03)
 20-0907168 171212
 4. FEI Number APPLIED FOR
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**FREEMAN, DONALD J ESQ
FREEMAN MAYNOR & JONES
1400 CENTREPARK BLVD., SUITE 950
WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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.

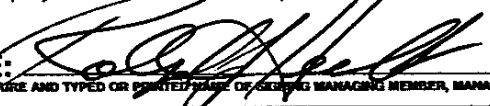
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		Delete
TITLE	MGRM	<input type="checkbox"/>
NAME	HECHT, RALPH J	
STREET ADDRESS	1801 WEST 10TH STREET	
CITY- ST- ZIP	RIVIERA BEACH, FL 33404	
TITLE	MGRM	<input type="checkbox"/>
NAME	HECHT, KATHLEEN M	
STREET ADDRESS	1801 WEST 10TH STREET	
CITY- ST- ZIP	RIVIERA BEACH, FL 33404	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS / CHANGES		Change	Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY- ST- ZIP			

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:  **5/7/05** **551-848-2922**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #