


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L03000018623**  
 1. Entity Name  
**HECHT RESEARCH LABORATORIES, L.L.C.**



**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>1801 WEST 10TH STREET RIVIERA BEACH, FL 33404</b>	Mailing Address <b>1801 WEST 10TH STREET RIVIERA BEACH, FL 33404</b>
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04142006No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0907167</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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**

**DO NOT WRITE  
 IN THIS SPACE**

**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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00      **U00000515346**  
 Due by May 1, 2006      **04/29/06-80204-025 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HECHT, RALPH J 1801 WEST 10TH STREET RIVIERA BEACH, FL 33404</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HECHT, KATHLEEN M 1801 WEST 10TH STREET RIVIERA BEACH, FL 33404</b>
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**DO NOT WRITE  
 IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**       **4/17/06**      **561-848-292**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #