


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000016843 1. Entity Name CELOTEX RESEARCH LLC	
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Principal Place of Business 10301 DR. MLK, JR STREET N ST. PETERSBURG, FL 33716	Mailing Address 10301 DR. MLK, JR STREET N ST. PETERSBURG, FL 33716
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0739582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
4221 WEST BOY SCOUT BOULEVARD, TENTH FLOOR
TAMPA, FL 33607-5736

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000598407
01/24/07-80074-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CELOTEX CORPORATION 10301 DR MLK JR ST N SAINT PETERSBURG, FL 33716
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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 609, Florida Statutes.

SIGNATURE: *BY: [Signature]* **CELOTEX CORPORATION**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date: *1/16/2007* Daytime Phone #: *727-563-5117*