

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122880

Entity Name: JEM RESEARCH LLC

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

146 JFK DRIVE
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

140 JFK DR
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 26-1634588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MICHAELSON, STEPHANIE MNGR
140 JFK DRIVE
ATLANTIS, FL 33462 US

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: STEPHANIE MICHAELSON

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOLDSTEIN, MARK A M.D.
Address: 140 JFK DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: MGR () Delete
Name: GOLDENBERG, JAMES N M.D.
Address: 140 JFK DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: MGR () Delete
Name: KRAMER, ERIC D M.D.
Address: 140 JFK DRIVE
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK A. GOLDSTEIN

MD

04/25/2008

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