2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# L01000002970

Entity Name: FLORIDA RESEARCH NETWORK, L.L.C.

Current Principal Place of Business:

6800 NW 9TH BLVD
SUITE 4
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6800 NW 9TH BLVD
SUITE 4
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3701651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, JIMMY CPA
4424 NW 13TH STREET
SUITE B
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MILLER, MARCIA O MD
Address: 6800 NW 9TH BLVD SUITE 4
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR ( ) Delete
Name: MALPHURS, KURT D BSN/RPM
Address: 6800 NW 9TH BLVD SUITE 4
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES:

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 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 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: KURT MALPHURS MGR 03/10/2005

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