
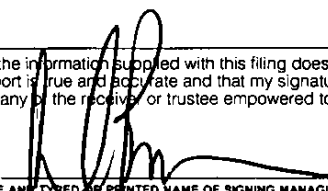


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90047 035 \*\*\*\*55.00

<b>DOCUMENT # L01000020580</b> 1. Entity Name <b>RESEARCH POINTE, LLC</b>					
Principal Place of Business <del>2603-B MAITLAND CENTER PARKWAY</del> <del>MAITLAND, FL 32751</del>			Mailing Address <del>2603-B MAITLAND CENTER PARKWAY</del> <del>MAITLAND, FL 32751</del>		
2. Principal Place of Business 2701 Maitland Center Pkwy		3. Mailing Address 2701 Maitland Center Pkwy			
Suite, Apt. #, etc. Suite 225		Suite, Apt. #, etc. Suite 225			
City & State Maitland, FL		City & State Maitland, FL			
Zip 32751	Country Orange	Zip 32751	Country Orange	4. FEI Number <b>52-2359452</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STEIN, CLIFFORD</b> <del>2603-B MAITLAND CENTER PARKWAY</del> <del>MAITLAND, FL 32751</del> <b>2701 Maitland Center Pkwy, Suite 225</b> <b>Maitland, FL 32751</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN, CLIFFORD L <del>2603-B MAITLAND CENTER PARKWAY</del> <del>MAITLAND, FL 32751</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 Maitland Center Parkway, Suite 225 Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERMAN, REID <del>2603-B MAITLAND CENTER PARKWAY</del> <del>MAITLAND, FL 32751</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2701 Maitland Center Parkway, Suite 225 Maitland, FL 32751	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			4/6/06 407-659-0120 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					