


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90069 018 ****55.00

DOCUMENT # L02000016647

1. Entity Name
C3RESEARCH, LLC



Principal Place of Business
**6000 BRICK COURT
 SUITE #203
 WINTER PARK, FL 32792.**


Mailing Address
**1034 ALVINA LANE
 OVIEDO, FL 32765**

2. Principal Place of Business
3452 LAKE LYNDA DR.

3. Mailing Address
 Suite, Apt. #, etc.
270

City & State
ORLANDO FL

Zip Country
32817 U.S.A.



06242004 Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3697547

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**APPLETON, MICHAEL J
 3117 EDGEWATER DRIVE
 ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

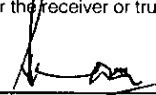
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAS, SAMAR 1034 ALVINA LANE OVIEDO, FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **SAMAR DAS (MGRM)** July 21st 2004 407 719 2769

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