


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L02000022631	
<b>1. Entity Name</b> MARKET RESEARCH & TITLE SERVICES LLC	

<b>Principal Place of Business</b> 3817 W HUMPHREY STREET #205 TAMPA, FL 33614	<b>Mailing Address</b> 3817 W HUMPHREY STREET #205 TAMPA, FL 33614
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02162004 No Chg-LLC      CR2E083 (10/03)

<b>4. FEI Number</b> 81-0574997	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

HOUSEFIELD, ROBERT W JR  
3817 W HUMPHREY STREET #205  
TAMPA, FL 33614

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**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** \_\_\_\_\_ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>	U00000106451 04/08/04-80015-019 50.00
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9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR HOUSEFIELD, ROBERT W JR 3817 W HUMPHREY ST #205 TAMPA, FL 33614
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR DETORE, PAMELA 3817 W HUMPHREY ST #205 TAMPA, FL 33614
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGR PETRAUSKAS, SAULIUS 3817 W HUMPHREY ST #205 TAMPA, FL 33614
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

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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)(f), 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:**  **ROBERT HOUSEFIELD JR, MGR** 2/25/04 813-918-4517

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