

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022816

FILED  
Sep 29, 2004  
Secretary of State

**Entity Name:** EBON RESEARCH SYSTEMS, LLC

**Current Principal Place of Business:**

812 SWEETWATER CLUB BLVD.  
LONGWOOD, FL 32779

**New Principal Place of Business:**

P.O. BOX 915115  
LONGWOOD, FL 32915

**Current Mailing Address:**

812 SWEETWATER CLUB BLVD.  
LONGWOOD, FL 32779

**New Mailing Address:**

P.O. BOX 915115  
LONGWOOD, FL 32915

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ALEXANDER, FLORENCE  
Address: 812 SWEETWATER CLUB BLVD.  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALEXANDER, FLORENCE  
Address: P.O. BOX 915115  
City-St-Zip: LONGWOOD, FL 32915

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: DR. FLORENCE ALEXANDER

MGR

09/29/2004

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