2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# L02000022816

Entity Name: EBON RESEARCH SYSTEMS, LLC

Current Principal Place of Business:

P.O. BOX 915115
LONGWOOD, FL 32915

New Principal Place of Business:

P.O. BOX 915115
LONGWOOD, FL 32791

Current Mailing Address:

P.O. BOX 915115
LONGWOOD, FL 32915

New Mailing Address:

P.O. BOX 915115
LONGWOOD, FL 32791

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEXANDER, FLORENCE DR.
P.O. BOX 915115
LONGWOOD, FL 32791 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/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ALEXANDER, FLORENCE
Address: P.O. BOX 915115
City-St-Zip: LONGWOOD, FL 32791 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FLORENCE ALEXANDER DR 01/10/2006

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