LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L02000034191
1. Entity Name

SIGNATURE

EMPLOYMENT DATA RESEARCH, LLC



Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90763 024 ****50.00

386-668-1650

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2. Principal Place of Bus		3. Mailing Address	AFRANÇON IST MEN				
356 Engler	rook Drive		3093	37			
Suite, Apt. #, etc.	00	Suite, Apt. #, etc.			DO NOT WE	RITE IN TH	IS SPACE
City & State	,	City & State			4. FEI Number		Applied For
De Bary	FL	De Bary, 1	<u>- L</u>		<u>33-1034478</u>		Not Applicable
32753	Country USA	32753-0937	Count	,	5. Certificate of Status Desired		\$5.00 Additional Fee Required
					7. Name and Address of Currer	t Registe	red Agent
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the above named enti- the obligations of regis	ty submits this statement fo itered agent.	r the purpose of changing its	registere	d office or registere	d agent, or both, in the State of F	lorida. I ar	n familiar with, and accept
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NAME Miche	all Campbe	tt .	NAME				
STREET ADDRESS 356 E	Michael Campbell 356 Englenouk Dr. #100 DeBary FL 32753			ADDRESS			
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1. I hereby certify that the	e information supplied with	this filing does not qualify for	the exem	ption stated in Sec	tion 119.07(3)(i), Florida Statutes.	I further o	ertify that the information
limited liability compar	ny or the receiver or trustee	nat my signature shall have t empowered to execute this i	report as r	egai effect as if ma equired by Chapte	de under oath; that I am a mana r 608, Florida Statutes.	ging mem	per or manager of the