

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009601

**FILED**  
**Apr 12, 2008**  
**Secretary of State**

**Entity Name:** SPECIALTY RESEARCH LLC

**Current Principal Place of Business:**

1285 RANCHERO AVENUE  
TITUSVILLE, FL 32780 US

**New Principal Place of Business:**

**Current Mailing Address:**

1285 RANCHERO AVENUE  
TITUSVILLE, FL 32780 US

**New Mailing Address:**

**FEI Number:** 83-0356220      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A-100  
TAMPA, FL 336123425 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: MGRM ( ) Delete  
Name: BELSON, MURVALE O JR.  
Address: 1285 RANCHERO AVENUE  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGR ( ) Delete  
Name: BELSON, MILLY ANN R  
Address: 1285 RANCHERO AVENUE  
City-St-Zip: TITUSVILLE, FL 32780 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MURVALE O. BELSON, JR.      MGRM      04/12/2008

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