2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90045 029 ****50.00

DOCUMENT # L03000012385

1. Entity Name
FORCE FIVE RESEARCH, LLC

Principal Place of Business	Mailing Address
414 LONG COVE COURT ORMAND BEACH, FL 32174	414 LONG COVE COURT ORMAND BEACH, FL 32174

04122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
26 LEMOYNE LN	26 LEMOYNE LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KIAWAH ISLAND, SC	City & State: KIAWAH ISLAND, SC
Zip: 29455 Country: USA	Zip: 29455 Country: USA

4. FEI Number: 47-0915286 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $50.00
Due By May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FULK, BERNARD B III ~~414 LONG COVE CT~~ ~~ORMOND BEACH, FL 32174~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FULK, BERNARD B III 26 LEMOYNE LN KIAWAH ISLAND, SC 29455	☑ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Bernard B. Fulk, III BERNARD B. FULK, III 4/12/06 (843)768-0571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #