

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90153 015 \*\*\*\*\*50.00

<b>DOCUMENT # L03000015321</b>					
<b>1. Entity Name</b> GEODESSEY RESEARCH, LLC					
<b>Principal Place of Business</b> 1229 SOUTH US HWY. 1, SW VERO BEACH, FL 32962 US			<b>Mailing Address</b> 1229 SOUTH US HWY. 1, SW VERO BEACH, FL 32962 US		
<b>2. Principal Place of Business</b> 915 OLD DIXIE Highway SW Suite B VERO BEACH, FL 32962		<b>3. Mailing Address</b> 915 Old Dixie Highway SW. Suite B VERO BEACH, FL 32962			
Suite, Apt. #, etc. Suite B		Suite, Apt. #, etc. Suite B		07012004 Chg-LLC CR2E083 (10/03)	
City & State VERO BEACH, FL		City & State VERO BEACH, FL		<b>4. FEI Number</b> 02-0689881	
Zip 32962		Country DRAIN RIVER		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KEE, BERTA 147 SOUTH 19TH CIRCLE, SW VERO BEACH, FL 32962			<b>7. Name and Address of New Registered Agent</b> Name: Susan Victoria Bussey Street Address (P.O. Box Number is Not Acceptable): 915 OLD DIXIE Highway, S.W. Suite B City: VERO BEACH FL Zip Code: 32962		
<b>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.</b> SIGNATURE: <u>S. Victoria Bussey</u> <span style="float: right;">6-30-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 8, 2004</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGRM NAME: KEE, BERTA STREET ADDRESS: 1229 SOUTH US HWY. 1, SW CITY-ST-ZIP: VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE: MGRM NAME: Susan Victoria Bussey STREET ADDRESS: 915 OLD DIXIE Highway SW, Suite B CITY-ST-ZIP: VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGRM NAME: BERGAMINO, CLELLIA STREET ADDRESS: 1229 SOUTH US HWY. 1, SW CITY-ST-ZIP: VERO BEACH, FL 32962	<input type="checkbox"/> Delete		TITLE: MGRM NAME: Clellia A. Bergamino STREET ADDRESS: 915 OLD DIXIE Highway SW, Suite B CITY-ST-ZIP: VERO BEACH, FL 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1-19.07(3)(i), 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.</b>					
<b>SIGNATURE:</b> <u>S. Victoria Bussey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>6-30-04</u>		Daytime Phone #: <u>772.299.4304</u>