

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015321

1. Entity Name
GEODESSEY RESEARCH, LLC



Principal Place of Business
915 OLD DIXIE HIGHWAY S.W.
SUITE B
VERO BEACH, FL 32962 US

Mailing Address
915 OLD DIXIE HIGHWAY S.W.
SUITE B
VERO BEACH, FL 32962 US



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0689881

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSSEY, SUSAN VICTORIS
915 OLD DIXIE HIGHWAY, S.W. SUITE B
VERO BEACH, FL 32962

**DO NOT WRITE
IN THIS SPACE**

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

Susan Bussey
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/JAN/05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BUSSEY, SUSAN VICTORIA
915 OLD DIXIE HIGHWAY S.W., SUITE B
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BERGAMINO, CLELLIA
915 OLD DIXIE HIGHWAY S.W., SUITE B
VERO BEACH, FL 32962

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

0000015321
04/13/05-80108-020 \$5.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 606, Florida Statutes.

SIGNATURE:

Susan Bussey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/JAN/05