


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90045 007 ****50.00

DOCUMENT # L03000026934

1. Entity Name
RESEARCH ASSOCIATES, LLC



Principal Place of Business 975 ARTHUR GODFREY ROAD, SUITE 610 MIAMI BEACH, FL 33140 41 6538 Collins Ave # 446	Mailing Address 975 ARTHUR GODFREY ROAD, SUITE 610 MIAMI BEACH, FL 33140 1 6538 Collins Ave # 446
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2. Principal Place of Business 6538 Collins Ave # 446	3. Mailing Address 6538 Collins Ave
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Suite, Apt. #, etc. Miami Beach FL	Suite, Apt. #, etc. # 446
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04212005 Chg-LLC CR2E083 (10/03)

City & State 33141	City & State Miami Beach FL
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4. FEI Number 36-4540201	Applied For <input type="checkbox"/> Not Applicable
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Zip USA	Country USA	Zip 33141	Country USA
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GILLER, BRIAN J ESQ 975 ARTHUR GODFREY ROAD, SUITE 610 MIAMI BEACH, FL 33140	
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7. Name and Address of New Registered Agent	
Name BRIAN GILLER	
Street Address (P.O. Box Number is Not Acceptable) 975 41st St, PH-2	
City Miami Beach	FL Zip Code 33140

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] DATE 4/21/05

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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHMOND, CHARLOTTE A PH.D. 975 ARTHUR GODFREY ROAD, SUITE 610 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUAREZ, EMILIO D.O. 975 ARTHUR GODFREY ROAD, SUITE 610 MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6538 Collins Ave # 446 Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6538 Collins Ave # 446 Miami Beach, FL 33141
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: Charlotte Richmond Date: 21 April 2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #