2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000033119

1. Entity Name

CORPORATE RESPONSE, LLC



Principal Place of Business

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPUESENTATIVE

2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065 US 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065

US

FILED Feb 17, 2005 8:00 am Secretary of State

02-17-2005 90102 018 ****50.00

20011683



02112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
42-1603171	 	Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Rec	Additional quired

-6. Name and Address of Current Registered Agent

SPEAR, GARRY R 20797 CABRILLO WAY BOCA RATON, FL 33428

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BOCA NA	TON, FL 33420	IN TH	IS SPACE
8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in t	he State of Florida. 1 am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	ling Fee is \$50.00 ue by May 1, 2005	***	
9. '	MANAGING MEMBERS/MANAGERS		
THE NAME STREET ADDRESS CHY-SI-ZIP	MGRM TELMOSSE, JOANNE 2531 N.W. 106TH AVENUE CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~	DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CHY-ST-ZIP			
11. I hereby indicated limited lia	certify that the information supplied with this filling does not of lon this report is true and accurate and that my signature shability company or the receiver or trusted embowered to exec	ualify for the exemption stated in Section 119.07(3)(i), Flo all have the same legal effect as if made under oath; that	rida Statutes. I further certify that the information I am a managing member or manager of the