

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90330 020 \*\*\*\*50.00

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<b>DOCUMENT # L03000033119</b> 1. Entity Name <b>CORPORATE RESPONSE, LLC</b>					
Principal Place of Business <b>2531 N.W. 106TH AVENUE</b> <b>CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>2531 N.W. 106TH AVENUE</b> <b>CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business - No P.O. Box #  			3. Mailing Address  		
Suite, Apt. #, etc.  			Suite, Apt. #, etc.  		
City & State  			City & State  		
Zip  		Country  		4. FEI Number <b>42-1603171</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPEAR, GARRY R</b> <b>20797 CABRILLO WAY</b> <b>BOCA RATON, FL 33428</b>				7. Name and Address of New Registered Agent Name <b>Maynard Hellman</b> Street Address (P.O. Box Number is Not Acceptable)  <b>4400 Biscayne Blvd. #900</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33137</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.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/29/07</b>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</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 NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <b>TELMOSSSE, JOANNE</b> <b>2531 N.W. 106TH AVENUE</b> <b>CORAL SPRINGS, FL 33065</b>		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	
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4/27/07</b> Daytime Phone # <b>954 489 2182</b>	