


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90036 006 ****50.00

DOCUMENT # L04000004188	
1. Entity Name VOICE CONTROL PRODUCTS LLC	

Principal Place of Business 853 EAST 5TH STREET ENGLEWOOD, FL 34223 US	Mailing Address 853 EAST 5TH STREET ENGLEWOOD, FL 34223 US
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2. Principal Place of Business 10 OLD TRAIL ROAD Suite, Apt. #, etc.	3. Mailing Address 10 OLD TRAIL ROAD Suite, Apt. #, etc.
City & State ENGLEWOOD FL	City & State ENGLEWOOD FL
Zip 34223	Country SARASOTA
Zip 34223	Country SARASOTA

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01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0621918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HITCHCOCK, MYRON H 10 OLD TRAIL ROAD ENGLEWOOD, FL 34223	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 MYRON H. HITCHCOCK, MGRM DATE 01.10.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HITCHCOCK, MYRON H 853 EAST 5TH STREET ENGLEWOOD, FL 34223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 OLD TRAIL ROAD ENGLEWOOD FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUIZI, ANDREW H 277 W. 10TH STREET, APT 11 NEW YORK, NY 10014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 535 WASHINGTON STREET #3 HOBOKEN NJ 07030
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
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

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: MYRON H. HITCHCOCK, MGRM DATE 01.10.05 DAYTIME PHONE # 941.460.9715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE