


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000011370</b> 1. Entity Name ADVANCED PRODUCTS RESEARCH, LLC	
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Principal Place of Business 10051 HUNTSMAN PATH PENSACOLA, FL 32514 US	Mailing Address 10051 HUNTSMAN PATH PENSACOLA, FL 32514 US
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01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1418844	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  SIEVERS, MARY C 10051 HUNTSMAN PATH PENSACOLA, FL 32514
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEVERS, MARY C 10051 HUNTSMAN PATH PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEVERS, FRED J 10051 HUNTSMAN PATH PENSACOLA, FL 32514
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<p>U00000656262 03/14/07-80018-014 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:** Mary C. Sievers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

01/04/07 850-475-7852  
Date Daytime Phone #