

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018548

Entity Name: ISF RESEARCH LABS LLC

FILED
Mar 08, 2006
Secretary of State

Current Principal Place of Business:

3257 HARRINGTON DRIVE
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

3257 HARRINGTON DRIVE
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 20-1013988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVER, DANIEL R ESQ.
100 LINCOLN RD.
APARTMENT 819
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SILVER, JOEL
Address: 3257 HARRINGTON DRIVE
City-St-Zip: BOCA RATON, FL 33496 US

Title: MGRM (X) Delete
Name: STUMP, TONY
Address: 100 FRONT STREET, SUITE 401
City-St-Zip: MARIETTA, OH 45750 US

Title: MGRM () Delete
Name: KAPITAN-KUO, SONJA J
Address: 5447 CHAMPERY PL NW
City-St-Zip: ISSAQUAH, WA 98027 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KAPITAN-KUO, SONJA J
Address: 27906 SE 24TH WAY
City-St-Zip: FALL CITY, WA 98024 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL SILVER

MGRM

03/08/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date