


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90038 022 ****55.00

DOCUMENT # L04000026612	
1. Entity Name INTEGRATED RESEARCH AND COMMUNICATIONS, LLC	

Principal Place of Business 3580 PALL MALL DRIVE #2207 JACKSONVILLE, FL 32257	Mailing Address 11111-70 SAN JOSE BLVD. #304 JACKSONVILLE, FL 32223
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2. Principal Place of Business 2401 Riverside DR. Suite, Apt. #, etc. #410B	3. Mailing Address P.O. Box 5141 Suite, Apt. #, etc.
City & State Coral Springs, FL	City & State Fort Lauderdale, FL
Zip 33065 Country USA	Zip 33310 Country USA



04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 52-2322212	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GELFIN, LINDA E 3580 PALL MALL DRIVE #2207 JACKSONVILLE, FL 32257	
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7. Name and Address of New Registered Agent Name: Gelfin, Linda E (same agent new address) Street Address (P.O. Box Number is Not Acceptable) 2401 Riverside DR., #410B City Coral Springs FL Zip Code 33065	
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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 Linda E. Gelfin DATE 4/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GELFIN, LINDA E 3580 PALL MALL DRIVE JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(new address) 2401 Riverside DR. #410B Coral Springs, FL 33065 <input checked="" 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: Linda E. Gelfin Date 4/14/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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