2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

02-02-2005 90151 039 ****50.00

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000028596

1. Entity Name

THE FLORIDA CRIMINAL LAW RESEARCH GROUP, P.L.L.C.

Principal Place of Business	Mailing Address
4928 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210	4928 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210

2. Principal Place of Business	3. Mailing Address
4928 Ortega Forest Drive	4928 Ortega Forest Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville Fl.
Zip: 32210 Country: Duval	Zip: 32210 Country: Duval

4. FEI Number — X Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLLINS, FRANCES S
4928 ORTEGA FOREST DRIVE
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name — Collins Frances S.
Street Address (P.O. Box Number is Not Acceptable) 4928 Ortega Forest Drive
City Jacksonville FL Zip Code 32210

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] Jan 22 05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLLINS, FRANCES S 4928 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Jan. 22 05 904-388-9319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #