# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

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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<br>JACKSONVILLE FL 32210 | 4928 ORTEGA FOREST DRIVE<br>JACKSONVILLE FL 32210 |

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

4. FEI Number: ☒ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| COLLINS, FRANCES S<br>4928 ORTEGA FOREST DRIVE<br>JACKSONVILLE FL 32210 | Name: Collins, Frances S.<br>Street Address (P.O. Box Number is Not Acceptable): 4928 Ortega Forest Drive<br>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 resigning) 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: MGRM<br>NAME: COLLINS, FRANCES S<br>STREET ADDRESS: 4928 ORTEGA FOREST DRIVE<br>CITY-ST-ZIP: JACKSONVILLE FL 32210 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 #