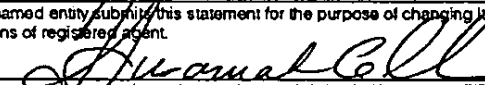
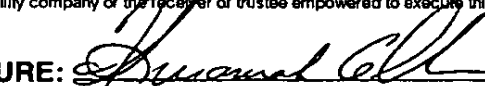


FILED
Mar 25, 2005 8:00 am
Secretary of State

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DOCUMENT # L04000028596				State of Florida 02-02-2005 90151 039 ****50.00																									
1. Entity Name THE FLORIDA CRIMINAL LAW RESEARCH GROUP, P.L.L.C.																													
Principal Place of Business 4928 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210		Mailing Address 4928 ORTEGA FOREST DRIVE JACKSONVILLE FL 32210		J0000000																									
2. Principal Place of Business 4928 Ortega Forest Drive Suite, Apt. #, etc.		3. Mailing Address 4928 Ortega Forest Drive Suite, Apt. #, etc.																											
City & State Jacksonville FL Zip 32210 Country Duval		City & State Jacksonville FL 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 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  DATE Jan 22 05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)																													
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																										
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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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE:  DATE Jan 22 05 904-389-9319 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													