## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000032531

1. Entity Name
STANDARD ANALYTICS, LLC

Principal Place of Business

BRADENTON, FL 34212

815 WHOOPING CRANE CT.



Mailing Address

815 WHOOPING CRANE CT. BRADENTON, FL 34212

## FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90023 024 \*\*\*\*50.00

CURALUUM



01232006 No Chg-LLC

CR2E083 (11/05)

|                                  |    |             | 2                 |
|----------------------------------|----|-------------|-------------------|
| 4. FEI Number                    | 1. | Applied For |                   |
| 20-1067956                       |    |             | Not Applicable    |
| 5. Certificate of Status Desired |    | \$5.00      | Additional cuired |

6. Name and Address of Current Registered Agent

LOPEZ, E. JOHN 1819 MAIN ST STE. 610 SARASOTA, FL. 34236

SIGNATURE!

the obligations of registered agent.

| DO | N  | <b>OT</b> | W  | RIT | Έ |
|----|----|-----------|----|-----|---|
| IÑ | TH | is        | SP | AC  | E |

| SIGNATURE.   | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent eigneture required when rendating) | DATE  |  |  |
|--|---|--|-------|--|--|
| FI   | iling Fee is \$50.00<br>ue by May 1, 2006                                     |  |       |  |  |
| 9.   | MANAGING MEMBERS/MANAGERS   | <b>温度を設定がたというな。フリケード、</b>                                  |       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>VACCARO, HENRY S<br>815 WHOOPING CRANE CT.<br>BRADENTON, FL 34212     |  |       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |  |       |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | DO NOT   | WRITE |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | IN THIS  | SPACE |  |  |
| TITLE HAME STREET ADORESS CITY-ST-ZIP  |   |  |       |  |  |
| ITILE MAME STREET ADDRESS CITY-ST-ZIP  |   |  |       |  |  |
| 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 thereiny 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 approximated to execute this report as required by Chapter 608, Florida Statutes. |   |  |       |  |  |

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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