

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037846

FILED
Jan 04, 2006
Secretary of State

Entity Name: GRAMIC RESEARCH LABORATORY, LLC

Current Principal Place of Business:

3531 GRIFFIN ROAD
FT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

3531 GRIFFIN ROAD
FT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 20-1147398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGEN & HAGEN, P.A.
3531 GRIFFIN ROAD
FT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KHACHATRYAN, SIRANUSH
Address: 3531 GRIFFIN ROAD
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LEYKIND, STEVE R
Address: 3531 GRIFFIN ROAD
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGR () Change (X) Addition
Name: BATKILIN, ELARYA
Address: 3531 GRIFFIN ROAD
City-St-Zip: FT. LAUDERDALE, FL 33312

Title: MGR () Change (X) Addition
Name: BATKILIN, LEON
Address: 3531 GRIFFIN ROAD
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE LEYKIND

MGRM

01/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date