


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90033 021 \*\*\*\*50.00

<b>DOCUMENT # L04000072131</b>	
1. Entity Name <b>ERGO RESEARCH LLC</b>	

Principal Place of Business <b>520 BRICKELL KEY DRIVE STE. 1701 MIAMI, FL 33131</b>	Mailing Address <b>520 BRICKELL KEY DRIVE STE. 1701 MIAMI, FL 33131</b>
--	--

**20050330**

2. Principal Place of Business <b>(NO OFFICE - WORK FROM CAR)</b>	3. Mailing Address <b>(AS ABOVE)</b>
Suite, Apt. #, etc. <b>(SAME)</b>	Suite, Apt. #, etc. <b>(AS ABOVE)</b>



City & State <b>(AS ABOVE)</b>	City & State _____
Zip _____	Country _____

04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1729196</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>AM&amp;E SERVICES LLC 801 N. MAGNOLIA AVENUE STE. 201 ORLANDO, FL 32802</b>	
---	--

7. Name and Address of New Registered Agent Name <b>N.A.</b>	
Street Address (P.O. Box Number is Not Acceptable) _____	
City _____	State <b>FL</b> Zip Code _____

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 <b>Deber P. Mitchell</b>	DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>PETER MITCHELL, PRES.</b>	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PRESIDENT</b>		NAME _____	
STREET ADDRESS <b>520 BRICKELL KEY DR. #1701</b>		STREET ADDRESS _____	
CITY-ST-ZIP <b>MIAMI, FL 33131</b>		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	

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: <b>Deber P. Mitchell</b>	Date <b>4/25/05</b> Daytime Phone # <b>305 377-3941</b>