

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000072131

1. Entity Name

ERGO RESEARCH LLC



Principal Place of Business

520 BRICKELL KEY DRIVE STE. 1701
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE STE. 1701
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

20-1729196

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

AM&E SERVICES LLC
801 N. MAGNOLIA AVENUE STE. 201
ORLANDO FL 32802

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE P ☐ Delete
NAME MITCHELL, PETER
STREET ADDRESS 520 BRICKELL KEY DR #1701
CITY-ST-ZIP MIAMI FL 33131

☐ Change ☐ Addition
U000000569830
07/13/06-80005-002 50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
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 exemptions contained in Section 119, 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: *Peter P. Mitchell* PETER P. MITCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date:

Daytime Phone #

PHONE: 305-677-3442

MAY 11, 2006

ALL INFORMATION
IS THE SAME
YEAR. No CHANGES
OWNERSHIP, AGENT
OR AGENT
Peter P. Mitchell

