

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000093921

FILED
Mar 28, 2006
Secretary of State

Entity Name: EXECUTIVE RESEARCH, LLC

Current Principal Place of Business:

6450 WEST APPAIN STREET
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

6450 WEST APPAIN STREET
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHAPMAN, THOMAS M
6450 WEST APPAIN STREET
HOMOSASSA, FL 34446 US

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: THOMAS M. CHAPMAN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: VALENCA, CYNTHIA DR.
Address: 6450 WEST APPAIN STREET
City-St-Zip: HOMOSASSA, FL 34446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: HASLEY, KIMBERLY A
Address: 6450 WEST APPAIN STREET
City-St-Zip: HOMOSASSA, FL 34446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS M. CHAPMAN

MGR

03/28/2006

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