

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014833

FILED
Feb 27, 2008
Secretary of State

Entity Name: VINCON RESEARCH ENTERPRISES, LLC

Current Principal Place of Business:

5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 20-2368650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIULIANO, VINCENZO
5703 RED BUG LAKE ROAD, PMB-102
WINTER SPRINGS, FL 32708 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: MGR () Delete
Name: GIULIANO, VINCENZO
Address: 5703 RED BUG LAKE ROAD, PMB-102
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: GIULIANO, CONCETTA
Address: 5703 RED BUG LAKE ROAD, PMB-102
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGR () Delete
Name: GIULIANO, RAFFAELE
Address: 5703 RED BUG LAKE ROAD, PMB-102
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: VINCENZO GIULIANO

MR.

02/27/2008

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