


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000016843 1. Entity Name CELOTEX RESEARCH LLC	
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Principal Place of Business 10301 DR. MLK, JR STREET N ST. PETERSBURG, FL 33716	Mailing Address 10301 DR. MLK, JR STREET N ST. PETERSBURG, FL 33716
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 02-0739582	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CFRA, LLC  
 4221 WEST BOY SCOUT BOULEVARD, TENTH FLOOR  
 TAMPA, FL 33607-5736

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

U00000799876  
 01/30/08-80085-025 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CELOTEX CORPORATION 10301 DR MLK JR ST N SAINT PETERSBURG, FL 33716
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  \_\_\_\_\_ Date: 1/14/08 Daytime Phone #: 727-563-5117

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