2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# L05000045526

Entity Name: TYCHE RESEARCH LLC

Current Principal Place of Business:

3696 COSMOS STREET
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3696 COSMOS STREET
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-3227143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINSON, ANDREW
3696 COSMOS STREET
PALM BEACH GARDENS, FL 33410 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: WILKINSON, ANDREW
Address: 3696 COSMOS STREET
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR ( ) Delete
Name: KERR, KEVIN
Address: 16 PROWITT STREET
City-St-Zip: NORWALK, CT 06855

Title: MGR ( ) Delete
Name: BRODRICK, SEAN
Address: 6721 STONECREEK STREET
City-St-Zip: GREENACRES, FL 33413

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: KERR, KEVIN
Address: 30 SUNSET PASS
City-St-Zip: WILTON, CT 06987

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: ANDREW WILKINSON MGR 01/03/2007

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