## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000082159**

1. Entity Name

CAMBRIDGE RESEARCH, LLC

FILED Jan 14, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

23 CAMBRIDGE TRACE ORMOND BEACH, FL 32174 23 CAMBRIDGE TRACE ORMOND BEACH, FL 32174



01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0748148

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ZBOCH, PAMELA M 23 CAMBRIDGE TRACE ORMOND BEACH, FL 32174

## DO NOT WRITE IN THIS SPACE

IN THIS SPACE

			7110 0.7102
	named entity submits this statement for the purpose of chains of registered agent.	inging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000782097 01/15/08-80061-010 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	ZBOCH, PAMELA M		
STREET ADDRESS	23 CAMBRIDGE TRACE		
CITY-ST-ZIP	ORMOND BEACH, FL 32174	i e	
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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ATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER

VDCU-

1-9-08

386-671-6495

Daytime P