


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90360 007 \*\*\*\*55.00

<b>DOCUMENT # L05000093418</b>		
1. Entity Name <b>DINH RESEARCH LLC</b>		

Principal Place of Business <del>4340 NE 49 AVENUE</del> <del>GAINESVILLE, FL 32609</del>	Mailing Address <del>4340 NE 49 AVENUE</del> <del>GAINESVILLE, FL 32609</del>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. <b>7819 N.W. 22nd LANE</b>	Suite, Apt. #, etc. <b>7819 N.W. 22nd LANE</b>
City & State <b>GAINESVILLE, FL</b>	City & State <b>GAINESVILLE, FL</b>
Zip <b>32605</b>	Country <b>FLORIDA</b>

04202007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-3525482</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNOR'S SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>	
7. Name and Address of New Registered Agent Name <b>KHANH DINH</b> Street Address (P.O. Box Number is Not Acceptable) <b>7819 NW 22nd LANE</b> City <b>GAINESVILLE, FL</b> Zip Code <b>32605</b>	

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 *Dinh* DATE APR 20 / 07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DINH, KHANH <del>4340 NE 49 AVENUE</del> GAINESVILLE, FL <del>32609</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7819 N.W. 22nd LANE</b> <b>GAINESVILLE, FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dinh* DATE APR 20 / 2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE