

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119804

FILED
May 03, 2007
Secretary of State

Entity Name: DELRAY RESEARCH ASSOCIATES, LLC

Current Principal Place of Business:

ATTN: PHILLIPPE A. SAXE, M.D.
5130 LINTON BLVD., STE. G-9
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

ATTN: PHILLIPPE A. SAXE, M.D.
5130 LINTON BLVD., STE. G-9
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-3947181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KRAMER, WILLIAM S
GREENSPOON MARDER P.A.
2255 GLADES ROAD, STE. 414-E
BOCA RATON, FL 33431 US

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: MGRM () Delete
Name: SAXE, PHILLIPPE A M.D.
Address: 5130 LINTON BLVD., STE. G-9
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES:

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: PHILIPPE A SAXE MD

MGRM

05/03/2007

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