2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State
04-22-2008 90100 004 ***138.75

DOCUMENT # L06000035035

1. Entity Name
SOUTH FLORIDA RESEARCH INSTITUTE, P.L.

Principal Place of Business	Mailing Address
2951 N.W. 49TH AVENUE SUITE 101 LAUDERDALE LAKES, FL 33313 US	2951 N.W. 49TH AVENUE SUITE 101 LAUDERDALE LAKES, FL 33313 US

30007169

04062008 No Chg-LLC CR2E083 (12/07)

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4. FEI Number
20-4625421
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GERONEMUS, ROBERT
2951 N.W. 49TH AVENUE
SUITE 101
LAUDERDALE LAKES, FL 33313

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GERONEMUS, ROBERT
STREET ADDRESS	2951 NW 49 AVE
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 5/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #