

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072039

FILED  
Jan 22, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL PATENT RESEARCH COMPANY, LLC

**Current Principal Place of Business:**

4460 HODGES BLVD  
APT. # 1814  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

13870 DEVAN LEE DRIVE N  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

4460 HODGES BLVD  
APT. # 1814  
JACKSONVILLE, FL 32224

**New Mailing Address:**

13870 DEVAN LEE DRIVE N  
JACKSONVILLE, FL 32226

**FEI Number:** 26-0520351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIES, MATTHEW P  
4460 HODGES BLVD  
APT #1814  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

DAVIES, MATTHEW P  
13870 DEVAN LEE DRIVE N  
JACKSONVILLE, FL 32226 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:

01/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVIES, MATTHEW P  
Address: 4460 HODGES BLVD #1814  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAVIES, MATTHEW P  
Address: 13870 DEVAN LEE DRIVE N  
City-St-Zip: JACKSONVILLE, FL 32226

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: MATTHEW P DAVIES

MGRM

01/22/2008

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