2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L08000034078

Entity Name: STUDENT RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

528 WILLIAM STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

528 WILLIAM STREET
KEY WEST, FL 33040

New Mailing Address:

3651 NE RALPH POWELL ROAD
LEE'S SUMMIT, MO 64064

FEI Number: 26-2320841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RARICK, PHILLIP
6500 COWPEN ROAD
SUITE 204
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: MUNCE, DON
Address: 528 WILLIAM STREET
City-St-Zip: KEY WEST, FL 33040

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: BAKER, BRADFORD
Address: 29 TUBWRECK DRIVE
City-St-Zip: DOVER, MA 02030

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: DON MUNCE MGR 04/14/2009

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