

FILE NOW: Fee after May 1, will be \$588.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 203.75 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT #L95000000441

GLOBAL RESEARCH INNOVATIONS, L.C.
6716 N.W. 11TH PLACE
SUITE F
GAINESVILLE FL 32605

1a. Principal Place of Business Address

5120 N. CENTRAL AVE.
PHOENIX AZ 85012

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified 06/08/1995
3a. State of Formation FL
4. FEI Number 59-3324436
 Applied For
 Not Applicable
5. Date of Last Report 04/08/1996
6. Certificate of Status Desired See 7a. Additional Fee Required

7. Name and Address of Current Registered Agent

LOWERY, GARY L
6716 N.W. 11TH PLACE
SUITE F
GAINESVILLE FL 32605

8. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	LOWERY, GARY L	6716 NW 11 PLACE, STE. F	GAINESVILLE FL
MEM	MUSSALLEM, JAMES	5120 N CENTRAL AVE	PHOENIX AZ
			300002127483--9 -03/28/97--01110--001 ***203.75 ***203.75
JB3-20-97			

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Sandy L. Lowery, M.D., Ph.D. 2/28/97 (352) 331-5369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #