

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90140 013 ****55.00

DOCUMENT # L97000001060

1. Entity Name
**WALLACE-AUSTIN WAORANI RESEARCH PROJECT,
L.L.C.**



Principal Place of Business
**3207 EST SHAMROCK, APT. #6
TALLAHASSEE, FL 32309**

Mailing Address
**3207 EST SHAMROCK, APT. #6
TALLAHASSEE, FL 32309**



07032004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3504276

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AUSTIN, GEORGE HARRY T
3207 EST SHAMROCK, APT. #6
TALLAHASSEE, FL 32309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALLACE, JAYNE T
STREET ADDRESS	3207 EST SHAMROCK, APT. #6
CITY-ST-ZIP	TALLAHASSEE, FL 32309

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Jayne T. Wallace

JAYNE T. WALLACE

7/14/04

850-906-9110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #