


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000000157 1. Entity Name SOUTH FLORIDA RESEARCH GROUP, LLC	
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Principal Place of Business 8950 NORTH KENDALL DRIVE, SUITE 601 MIAMI, FL 33176	Mailing Address 8950 NORTH KENDALL DRIVE, SUITE 601 MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0821494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COEL, MARK A ESQ
621 NW 53RD ST
SUITE 420
BOCA RATON, FL 33487-0000

**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 May 1, 2004**

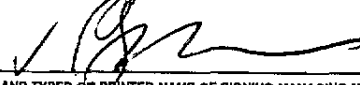
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SEIGEL, PAUL H M.D. 8950 NORTH KENDALL DRIVE, SUITE 601 MIAMI, FL 33176
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02/02/04-80110-016-50.00

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

Date: 1/22/04 **Daytime Phone #:** 305 279 4570