2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# M00000001000

Entity Name: VELOCITY RESEARCH, LLC

Current Principal Place of Business:

13680 NW 5TH ST
STE 100
FORT LAUDERDALE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13680 NW 5TH ST
STE 100
FORT LAUDERDALE, FL 33325

New Mailing Address:

FEI Number: 65-0990693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
350 E. LAS OLAS BLVD
16TH FLOOR
FORT LAUDERDALE, FL 33301 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	NATKOW, NEIL A	
Address:	13680 NW 5TH ST., SUITE 100	
City-St-Zip:	SUNRISE, FL 33325	
Title:	MGRM	( ) Delete
Name:	COLLINS, KEITH	
Address:	13680 NW 5TH ST., SUITE 100	
City-St-Zip:	SUNRISE, FL 33325	
Title:	MGRM	( ) Delete
Name:	JACKSON, KATHY B	
Address:	13680 NW 5TH ST., SUITE 100	
City-St-Zip:	SUNRISE, FL 33325	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEITH COLLINS MGRM 04/27/2004

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