

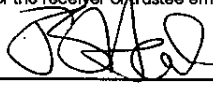


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90023 034 \*\*\*\*50.00

<b>DOCUMENT # M02000000109</b>					
<b>1. Entity Name</b> NORTH AMERICAN INSIGHTS MARKETING RESEARCH, L.L.C.					
<b>Principal Place of Business</b> 1441 TAMiami TRAIL, SUITE 505 PORT CHARLOTTE, FL 33948			<b>Mailing Address</b> 1441 TAMiami TRAIL, SUITE 505 PORT CHARLOTTE, FL 33948		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 20280 GOVERNORS HWY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 101			
City & State		City & State OLYMPIA FIELDS, IL			
Zip	Country	Zip 60461	Country U.S.A		
<b>4. FEI Number</b> 36-4457967				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> HEAKIN, JOHN <b>STREET ADDRESS</b> 20280 GOVERNORS HIGHWAY SUITE 101 <b>CITY-ST-ZIP</b> OLYMPIA FIELDS, IL 60961	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>11. I 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 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.</b>					
<b>SIGNATURE:</b> 			John S. HEAKIN president		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/7/04 Daytime Phone #: 708 747-1100		