


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002130	
1. Entity Name RESPONSE, LLC	

Principal Place of Business 1000 AAA DRIVE HEATHROW, FL 32746	Mailing Address PO BOX 953935 LAKE MARY, FL 32795
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04152005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1563320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

**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 restateing) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000323124
04/22/05-80040-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONEY, MARSHALL 1000 AAA DRIVE, M/S 15 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, MARK 1000 AAA DRIVE, M/S 15 HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELLS, DON 150 VAN NESS AVENUE SAN FRANCISCO, CA 94102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHNSON, KENNETH A 12901 N FORTY DRIVE ST LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKERNAN, THOMAS V JR 3333 FAIRVIEW ROAD COSTA MESA, CA 926261698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTOWSKI, GERALD S ONE AUTO CLUB DRIVE DEARBORN, MI 48126

**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:

John G. Schaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

John G. Schaffer, CFO
Authorized Rep

Date

Daytime Phone #

407-444-7116