2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# M02000002130

Entity Name: RESPONSE, LLC

Current Principal Place of Business:

1000 AAA DRIVE
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

PO BOX 953935
LAKE MARY, FL 32795

New Mailing Address:

FEI Number: 06-1563320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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/MANAGERS:

Title:	MGR	( ) Delete
Name:	DONEY, MARSHALL	
Address:	1000 AAA DRIVE, M/S 15	
City-St-Zip:	HEATHROW, FL 32746	
Title:	MGR	( ) Delete
Name:	BROWN, MARK	
Address:	1000 AAA DRIVE, M/S 15	
City-St-Zip:	HEATHROW, FL 32746	
Title:	MGR	( ) Delete
Name:	FELLS, DON	
Address:	150 VAN NESS AVENUE	
City-St-Zip:	SAN FRANCISCO, CA 94102	
Title:	MGR	( ) Delete
Name:	JOHNSON, KENNETH A	
Address:	12901 N FORTY DRIVE	
City-St-Zip:	ST LOUIS, MO 63141	
Title:	MGR	( ) Delete
Name:	MCKERNAN, THOMAS V JR	
Address:	3333 FAIRVIEW ROAD	
City-St-Zip:	COSTA MESA, CA 926261698	
Title:	MGR	( ) Delete
Name:	GUTOWSKI, GERALD S	
Address:	ONE AUTO CLUB DRIVE	
City-St-Zip:	DEARBORN, MI 48126	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	FELTS, DON	
Address:	150 VAN NESS AVENUE	
City-St-Zip:	SAN FRANCISCO, CA 94102	
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 Chapter 119, 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: KATHRYN MACDONALD MGR 04/18/2006

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