

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002130

FILED
Jul 16, 2007
Secretary of State

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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

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: FELTS, 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: BOUTTIER, ROBERT
Address: P.O. BOX 25001
City-St-Zip: SANTA ANA, CA 92799

Title: MGR (X) Change () Addition
Name: BREGANTE, MIKE
Address: 100 VAN NESS AVENUE, BUILDING 4, 23RD FL
City-St-Zip: SAN FRANCISCO, CA 94102

Title: MGR (X) Change () Addition
Name: JOHNSON, ART
Address: 12901 N. FORTY DRIVE
City-St-Zip: ST. LOUIS, MO 63141

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

I hereby certify that the information supplied with this filing does not qualify 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

07/16/2007

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