

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002130

FILED  
Apr 11, 2008  
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 ( )

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

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

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

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

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 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: LAURA BONERB

MGR

04/11/2008

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