


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90053 047 ***138.75

DOCUMENT # M02000002519 1. Entity Name IFN RESEARCH, LLC	
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Principal Place of Business % INTERNATIONAL FOOD NETWORK 35 THORNWOOD DR. ITHACA, NY 14850	Mailing Address % INTERNATIONAL FOOD NETWORK 35 THORNWOOD DR. ITHACA, NY 14850
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60046004



07212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1608103	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CUERVELS, BRETT
IFN RESEARCH LABS
4206 ARNOLD AVENUE
NAPLES, FL 34104

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM SALMON, PETER M 35 THORNWOOD DR ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM CRUMP, JOHN D 35 THORNWOOD DR ITHACA, NY 14850
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR CEURVELS, BRETT 4206 ARNOLD AVENUE NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

John D. Crump

7/27/08 (607) 257-5129 x 248

Date

Daytime Phone #