

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000185

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: REVENUE RESPONSE NETWORK, LLC

**Current Principal Place of Business:**

14 ISLA BAHIA DR  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

14 ISLA BAHIA DR  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 20-0554185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
350 E. LAS OLAS BLVD, STE 1600  
FORT LAUDERDALE, FL 33301 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LUMINA PACIFICA, INC.,  
Address: P.O. BOX 2151  
City-St-Zip: TEMECULA, CA 92593

Title: MGRM ( ) Delete  
Name: TROSCLAIR, LOU T  
Address: 14 ISLA BAHIA DR  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM ( ) Delete  
Name: FEDER-TROSCLAIR FAMI, LY TRUST  
Address: 14 ISLA BAHIA DR  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: MGRM ( ) Delete  
Name: TROSCLAIR-FEDER FAMI, LY TRUST  
Address: 14 ISLA BAHIA DR  
City-St-Zip: FORT LAUDERDALE, FL 33316

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOU THOMAS TROSCLAIR

MGRM

04/29/2005

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