

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002544

Entity Name: TRANSPLANT LLC

FILED
Jan 30, 2008
Secretary of State

Current Principal Place of Business:

2520 ARTHURS COURT LANE
TALLAHASSEE, FL 32301

New Principal Place of Business:

4471 AMBER VALLEY DRIVE
TALLAHASSEE, FL 32312

Current Mailing Address:

400 CAPITAL CIRCLE SOUTHEAST
#18-228
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 16-1713443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIENES, MICHAEL
2520 ARTHURS COURT LN.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CALIENES, MICHAEL
4471 AMBER VALLEY DRIVE
TALLAHASSEE, FL 32312 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: MICHAEL CALIENES

01/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: CALIENES, MICHAEL
Address: 2520 ARTHURS COURT LANE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: CALIENES, MICHAEL
Address: 4471 AMBER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: MICHAEL CALIENES

PRES

01/30/2008

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