2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L05000002544

Entity Name: TRANSPLANT LLC

Current Principal Place of Business:

4471 AMBER VALLEY DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

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

ADDITIONS/CHANGES:

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: MICHAEL CALIENES PRES 04/19/2009

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