

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005060

FILED
Jan 16, 2007
Secretary of State

Entity Name: AMERICAN ANTIBIOTICS, LLC

Current Principal Place of Business:

6950 BRYAN DAIRY ROAD
LARGO, FL 33777

New Principal Place of Business:

Current Mailing Address:

6950 BRYAN DAIRY ROAD
LARGO, FL 33777

New Mailing Address:

FEI Number: 38-3716211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANEJA, JUGAL K
6950 BRYAN DAIRY ROAD
LARGO, FL 33777 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: CFOV () Delete
Name: PARE-FALCONE, CAROL
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: P () Delete
Name: SEPHARAM, KATHY
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

ADDITIONS/CHANGES:

Title: CFOV (X) Change () Addition
Name: DORE-FALCONE, CAROL
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: P (X) Change () Addition
Name: SEKHARAM, KOTHA
Address: 6950 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROL DORE-FALCONE

CFOV

01/16/2007

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