

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 07, 2008  
Secretary of State**

DOCUMENT# L05000005060

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 (X)

**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: DORE-FALCONE, CAROL  
Address: 6950 BRYAN DAIRY ROAD  
City-St-Zip: LARGO, FL 33777

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

**ADDITIONS/CHANGES:**

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 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

04/07/2008

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