


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90027 034 \*\*\*138.75

<b>DOCUMENT # L05000084042</b>	
1. Entity Name JOINT DEGREE LABS, LLC	

Principal Place of Business 1280 SOUTH ALHAMBRA CIRCLE #2212 CORAL GABLES, FL 33146	Mailing Address 1280 SOUTH ALHAMBRA CIRCLE #2212 CORAL GABLES, FL 33146
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**60037141**



2. Principal Place of Business - No P.O. Box # 801 S. Olive Ave <del>1280</del>	3. Mailing Address 801 S. Olive Avenue
Suite, Apt. #, etc. Suite 1201	Suite, Apt. #, etc. Suite 1201

04252008 Chg-LLC CR2E083 (12/06)

City & State West Palm Bch, FL	City & State West Palm Bch, FL
Zip 33401	Country USA

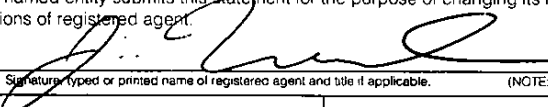
4. FEI Number 20-3382707	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent NEUFELD, JASON 1280 SOUTH ALHAMBRA CIRCLE #2212 CORAL GABLES, FL 33146	
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

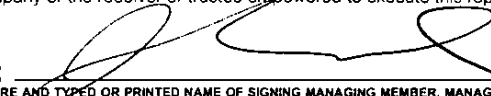
SIGNATURE  DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEUFELD, JASON 1280 SOUTH ALHAMBRA CIRCLE #2212 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERTZBERG, JUSTIN 1280 SOUTH ALHAMBRA CIRCLE #2212 CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Neufeld, Jason 801 S. Olive Ave #1201 West Palm Bch, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hertzberg, Justin 801 S. Olive Ave, #1201 West Palm Bch, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**  **4-25-08** **561.629.3963**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #