


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # L06000076727	
1. Entity Name ADVANTIUM BIOSCIENCES, LLC	

Principal Place of Business 4935 LYFORD CAY ROAD TAMPA, FL 33629	Mailing Address 4935 LYFORD CAY ROAD TAMPA, FL 33629
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DO NOT WRITE IN THIS SPACE



03202008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5480236	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCNAMARA, THOMAS P
 2907 BAY TO BAY BLVD., SUITE 201
 TAMPA, FL 33629

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


FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000882577
 04/16/08-80047-001 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANGELL, WILLIAM W 4935 LYFORD CAY ROAD TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THAKKER, DHIREN 317 DALTON DRIVE RALEIGH, NC 27615
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  *4/1/08* *813-872-6468*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #