2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005435

Entity Name: LYMPHATICS +, L.L.C.

FILED Jan 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

110 N FEDERAL HWY SUITE 201

HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

PO BOX 1884

HALLANDALE BEACH, FL 33008

FEI Number: 65-0950562 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUMEN, SUZANNE L OTR/L

110 N FEDERAL HWY

SUITE 201

SUITE 201 SUITE 201

HALLANDALE BEACH, FL 33009 US HALLANDALE BEACH, FL 33009 US

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: SUZANNE DAVEY 01/19/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 HUMEN, SUZANNE L
 Name:
 DAVEY, SUZANNE L

 Address:
 800 PARKVIEW DR., APT #522
 Address:
 800 PARKVIEW DR., APT #522

Address: 800 PARKVIEW DR., APT #522 Address: 800 PARKVIEW DR., APT #522 City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 COHEN, PAMELA F
 Name:

 Address:
 7572 ANDORRA PLACE
 Address:

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:

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: SUZANNE DAVEY MGR 01/19/2006