

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010115

Entity Name: LIPOCOSM LLC

FILED  
May 16, 2008  
Secretary of State

**Current Principal Place of Business:**

180 CRANDON BLVD  
SUITE 114  
MIAMI, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

180 CRANDON BLVD  
SUITE 114  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 20-8325456      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

CORDOVA, DIEGO E SR.  
8905 SW 87TH AVENUE  
#200  
MIAMI, FL 33176 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KHOURI, ROGER  
Address: 180 CRANDON BLVD #114  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete  
Name: KURU, MUROT  
Address: 180 CRANDON BLVD  
City-St-Zip: MIAMI, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: KURU, MURAT  
Address: 180 CRANDON BLVD  
City-St-Zip: MIAMI, FL 33149

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: ROGER K. KHOURI

MGR

05/16/2008

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