


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L00000005563</b><br>1. Entity Name<br>DISPENSING PATENTS INTERNATIONAL, LLC |  |
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| Principal Place of Business<br>4925 PARK RIDGE BLVD<br>BOYNTON BEACH, FL 33426 | Mailing Address<br>4925 PARK RIDGE BLVD<br>BOYNTON BEACH, FL 33426 |
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01042007 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1019907 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required |
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|---|
| 6. Name and Address of Current Registered Agent<br><br>COMITER, RICHARD B<br>3801 PGA BLVD<br>SUITE 604<br>PALM BEACH GARDENS, FL 33410 |
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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.

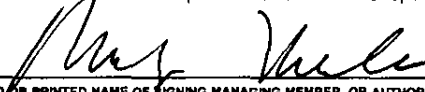
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>THE PHILIP MESHBERG MGMT TRUST<br>4925 PARK RIDGE BLVD<br>BOYNTON BEACH, FL 33426 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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|---|
| <p>U00000580689<br/>01/10/07-80058-014 55.00</p> <p><b>DO NOT WRITE<br/>IN THIS SPACE</b></p> |
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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:**  **1-4-2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #