


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015117 1. Entity Name CAG LABORATORIES, L.L.C.	
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Principal Place of Business
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605

Mailing Address
4645 NW 8TH AVENUE
GAINESVILLE, FL 32605



01102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3698955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, GARY
100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SILVERSTEIN, BURTON V 4645 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DILLON, MICHAEL C 4645 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROARK, STEVEN F 4645 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V O'MEARA, JAMES J 4645 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GAOS, BERNARD J 4645 NW 8TH AVENUE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMOCK, ANDREW L 4645 NW 8TH AVENUE GAINESVILLE, FL 32605

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02/02/05-80087-026 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/2005

Date

(352) 377-1212

Daytime Phone #