

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000004982

FILED
May 06, 2005
Secretary of State

Entity Name: XENCO LABORATORIES, LLC

Current Principal Place of Business:

5757 N.W. 158TH STREET
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

2618 SOUTH FALKENBURG ROAD
RIVERVIEW, FL 33569

New Mailing Address:

3016 U.S. HWY 301 NORTH
SUITE 900
TAMPA, FL 33619

FEI Number: 59-3707343 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

FINCHER, LILIANA MGRM
2618 SOUTH FALKENBURG ROAD
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

FINCHER, LILIANA MGRM
3016 U.S. HWY 301 NORTH
SUITE 900
TAMPA, FL 33619 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: _____

05/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: AREVALO, MARIA E
Address: 3225 WOODLAND PARK DRIVE - APT. 282
City-St-Zip: HOUSTON, FL 77082

Title: MGRM () Delete
Name: BUILES, EDUARDO
Address: 11 OLD WINDSOR WAY
City-St-Zip: SUGARLAND, TX 77479

Title: MGRM () Delete
Name: FINCHER, LILIANA
Address: 1638 PORTSMOUTH LAKE DRIVE
City-St-Zip: BRANDON, FL 33511

Title: MGR () Delete
Name: VICCHIARELLI, RICHARD REG MGR
Address: 212 THREE ISLAND BLVD - APT 204
City-St-Zip: HALLANDALE, FL 33009

Title: MGR () Delete
Name: HELTON, TOM LAB MGR
Address: 3867 CORAL TREE CIRCLE
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR () Delete
Name: WILLIAMS, MICHELLE LAB MGR
Address: 12824 LAKE VISTA DRIVE
City-St-Zip: GIBSONTOWN, FL 33534

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LILIANA FINCHER

MGRM

05/06/2005

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