2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State
04-15-2005 90020 026 ****50.00

DOCUMENT # L01000007089

1. Entity Name
NANOBAC SCIENCES, LLC

Principal Place of Business	Mailing Address
2727 W MLK BLVD SUITE 850 TAMPA, FL 33607	2727 W MLK BLVD SUITE 850 TAMPA, FL 33607

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3715435 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEAN, MICHAEL J 1425 SAN MATEO DRIVE DUNEDIN, FL 34698	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. MGR ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE MR. GRANT CARLSON	☐ Change ☒ Addition
NAME	EDWARDS, ALEXANDER H JR	NAME	
STREET ADDRESS	2727 W MLK BLVD, SUITE 850	STREET ADDRESS	2727 W MLK BLVD, SUITE 850
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	TAMPA, FL 33607
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STANTON, JOHN	NAME	
STREET ADDRESS	2727 W MLK BLVD, SUITE 850	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	
TITLE	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DEAN, MICHAEL J	NAME	
STREET ADDRESS	2727 W MLK BLVD, SUITE 850	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ APRIL 8, 2005 813-260-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #