

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90428 024 ****50.00

DOCUMENT # L01000007089

1. Entity Name

NANOBAC SCIENCES, LLC



Principal Place of Business

2727 W MLK BLVD
SUITE 850
TAMPA FL 33607

Mailing Address

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

1st MOORE

CR2E083 (10/05)

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

DEAN, MICHAEL J
1425 SAN MATEO DRIVE
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

MICHAEL R. CAREY

Street Address (P.O. Box Number is Not Acceptable)

712 S. OREGON AVE

City

TAMPA

FL

Zip Code

33606

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

Michael R. Carey

2/6/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME EDWARDS, ALEXANDER H JR
STREET ADDRESS 2727 W MLK BLVD, SUITE 850
CITY-ST-ZIP TAMPA FL 33607

TITLE MGR ☐ Delete
NAME STANTON, JOHN
STREET ADDRESS 2727 W MLK BLVD, SUITE 850
CITY-ST-ZIP TAMPA FL 33607

TITLE MGR ☐ Delete
NAME DEAN, MICHAEL J
STREET ADDRESS 2727 W MLK BLVD, SUITE 850
CITY-ST-ZIP TAMPA FL 33607

TITLE MGR ☐ Delete
NAME CARLSON, GRANT
STREET ADDRESS 2727 W MLK BLVD, SUITE 850
CITY-ST-ZIP TAMPA FL 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #

JAN 28, 2006 813-262-9030