FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-06/03/02--01021--025
****110.00 *****55.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010432

1. Entity Name

ADVANCED BIORESOURCES L.L.C.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1220 N.MARKET STREET	1220 N.MARKET STREET
Suite, Apt. #, etc.: 606	Suite, Apt. #, etc.: 606
City & State: WILMINGTON, DE	City & State: WILMINGTON, DE
Zip: 19801 Country: USA	Zip: 19801 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For ___ / X Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: FLORIDA FILING AND SEARCH SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable): 1333 DUVAL STREET

City: TALLAHASSE FL Zip Code: 32303

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.

SIGNATURE _____ DATE

Signature required when changing registered agent and/or registered office address.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	DE CARTERET, STEPHEN
STREET ADDRESS	VICTORIA HOUSE, THE AVENUE
CITY-ST-ZIP	CHANNEL ISLANDS
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: IGOR KROTA 04/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #