



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000002704 1. Entity Name TISSUENET CUSTOM APPLICATIONS, LLC	
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Principal Place of Business 3361 ROUSE ROAD SUITE 155 ORLANDO, FL 32817	Mailing Address 3361 ROUSE ROAD SUITE 155 ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE

	
04012004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 75-2987137	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 NOVOTNY, ALAN J 3361 ROUSE ROAD SUITE 155 ORLANDO, FL 32817	DO NOT WRITE IN THIS SPACE
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B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

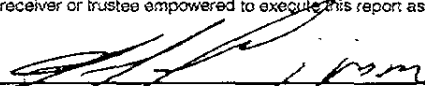
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NOVOTNY, ALAN J 3361 ROUSE ROAD ORLANDO, FL 32817
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04/05/04-80079-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  **4/6/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #