



**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L02000007066</b> 1. Entity Name TISSUENET DISTRIBUTION SERVICES, 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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04012004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 01-0657040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NOVOTNY, ALAN J 3361 ROUSE ROAD SUITE 155 ORLANDO, FL 32817
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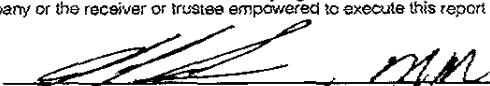
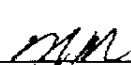
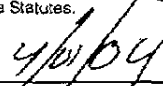
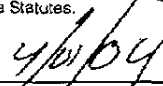
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOVOTNY, ALAN J 3361 ROUSE ROAD SUITE 155 ORLANDO, FL 32817
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<p>U000000103940 04/05/04-80077-001 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:   
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
<small>Date</small>  <small>Daytime Phone #</small>