


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000010179 1. Entity Name JUST POLAMER BIOTECH, LLC	
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Principal Place of Business 5105 N.W. 47TH LANE GAINESVILLE, FL 32606	Mailing Address 5105 N.W. 47TH LANE GAINESVILLE, FL 32606
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01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0680957	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COHN, STUART R 5105 N.W. 47TH LANE GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GRABKOWSKA, JUSTINA U6 2GRUPOWANIA ZMIJA 11/249 WARSAW, POLAND,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHN, STUART R 5105 N.W. 47TH LANE GAINESVILLE, FL 32606
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01/09/04-80014-005 50.00

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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)(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: STUART R. COHN 1/6/04 352-378-9821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #