

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90357 022 \*\*\*\*50.00

<b>DOCUMENT # L02000012767</b>					
<b>1. Entity Name</b> BIONATURE INVESTMENTS, L.L.C.					
<b>Principal Place of Business</b> 2875 N.E. 191ST STREET, SUITE 801 TURNBERRY PLAZA AVENTURA, FL 33180			<b>Mailing Address</b> 2875 N.E. 191ST STREET, SUITE 801 TURNBERRY PLAZA AVENTURA, FL 33180		
<b>2. Principal Place of Business</b> 5805 BLUE LAGOON DR		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. SUITE 285		Suite, Apt. #, etc.			
City & State MIAMI		City & State			
Zip 33126	Country DADE	Zip	Country	<b>4. FEI Number</b> 55-0792837	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SERBER, DANIEL J 2875 N.E. 191ST STREET, SUITE 801 TURNBERRY PLAZA AVENTURA, FL 33180			<b>7. Name and Address of New Registered Agent</b> Name: LUIS VIGO Street Address (P.O. Box Number is Not Acceptable): 5805 BLUE LAGOON DR STE 285 City: MIAMI FL Zip Code: 33126		
<b>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.</b> SIGNATURE:  DATE: 4-19-04					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COIRA, CARLO ALBERTO 2875 NE 191ST ST STE 801 TURNBERRY PLAZA MIAMI, FL 33180	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>		COIRA CARLO ALBERTO MGR, 4-19-04 954 726 8866			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	