

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018364

FILED
Aug 31, 2004
Secretary of State

Entity Name: LOVETT LABORATORIES, LLC

Current Principal Place of Business:

1121 SHADY REST LANE
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

1121 SHADY REST LANE
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-0079215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLLMAN, EDWARD E
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: LOVETT, D.D.S., WILLIAM E
Address: 1121 SHADY REST LN.
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: LOVETT, VICKI
Address: 1121 SHADY REST LN.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOVETT, D.D.S., WILLIAM E
Address: 1121 SHADY REST LN.
City-St-Zip: NAPLES, FL 34103

Title: MGRM (X) Change () Addition
Name: LOVETT, VICKI
Address: 1121 SHADY REST LN.
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM E. LOVETT, DDS

MGRM

08/31/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date