


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90321 039 \*\*\*\*55.00

<b>DOCUMENT # L02000024191</b>		
1. Entity Name IMMUNE TECHNOLOGIES, L.L.C.		

Principal Place of Business 2581 JUPITER PARK DRIVE F9 JUPITER, FL 33458	Mailing Address 2581 JUPITER PARK DRIVE F9 JUPITER, FL 33458
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20060104



2. Principal Place of Business 8912 S.E. WATER OAK PL P.O. Box 3292 Suite, Apt. #, etc.	3. Mailing Address 8912 S.E. WATER OAK PL P.O. Box 3292 Suite, Apt. #, etc.
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05232005 Chg-LLC CR2E083 (10/03)

City & State JUPITER, FL	City & State JUPITER, FL	4. FEI Number 06-1652335	Applied For Not Applicable
Zip 33469	Country USA	Zip 33469	Country U.S.A.

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BUNKER, LEONARD R 2581 JUPITER PARK DRIVE, STE. F9 JUPITER, FL 33458	
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7. Name and Address of New Registered Agent Name: BUNKER, LEONARD R. Street Address (P.O. Box Number is Not Acceptable): 8912 S.E. WATER OAK PL City: JUPITER FL Zip Code: 33469	
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNKER, LEONARD R 2581 JUPITER PARK DRIVE - F9 JUPITER, FL 33458 <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	MGRM HERMAN, STEPHEN D 643 HUDSON BAY DRIVE PALM BEACH GARDENS, FL 33410 <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	MGRM HERMAN, JAMES A 7141 HUNTINGTON ROAD HUDSON, OH 44236 <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"/> 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"/> 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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** LEONARD R. BUNKER 6/10/05 747.9450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #