

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025861

Entity Name: CYBERBIOMED, LLC

FILED
Apr 20, 2005
Secretary of State

Current Principal Place of Business:

PALM BEACH COUNTY
3605 S OCEAN BLVD., #A-335
PALM BEACH, FL 33480 US

New Principal Place of Business:

PALM BEACH COUNTY
2830 BLUE SPRUCE CT
LANTANA, FL 33462 US

Current Mailing Address:

PALM BEACH COUNTY
3605 S OCEAN BLVD., #A-335
PALM BEACH, FL 33480 US

New Mailing Address:

PALM BEACH COUNTY
P.O. BOX 17224
W. PALM BEACH, FL 33416 US

FEI Number: 74-3063324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVERDAN, GEORGE
3605 S OCEAN BLVD., #A-335
PALM BEACH, FL 334806312 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: MGRM () Delete
Name: MUSIALIK, WOJCIECH
Address: 3605 S OCEAN BLVD., #A-335
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: KOVERDAN, GEORGE
Address: 3605 S OCEAN BLVD., #A-335
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MUSIALIK, WOJCIECH
Address: 2830 BLUE SPRUCE CT
City-St-Zip: LANTANA, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE KOVERDAN

PRES

04/20/2005

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