

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008628

Entity Name: VACCINEXPRESS, L.L.C.

FILED  
Apr 06, 2007  
Secretary of State

**Current Principal Place of Business:**

6341 SUNSET DRIVE, PENTHOUSE  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 350065  
FT. LAUDERDALE, FL 33335

**New Mailing Address:**

FEI Number: 65-1179088

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KURZWEIL, HOWARD E ESQ.  
101 N.E. 3RD AVENUE  
TOWER 101, SUITE 1700  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

KURZWEIL, HOWARD E ESQ.  
101 N.E. 3RD AVENUE  
TOWER 101, SUITE 1500  
FT. LAUDERDALE, FL 33301 US

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:

04/06/2007

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBERTS, ALAN K M.D.  
Address: 6341 SUNSET DRIVE, PENTHOUSE  
City-St-Zip: SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: ALAN K ROBERTS

DR

04/06/2007

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