


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90100 043 ****55.00

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DOCUMENT # L03000018350			
1. Entity Name PASTEURIA BIOSCIENCE, LLC			
Principal Place of Business 100 N. TAMPA STREET, SUITE 2410 TAMPA, FL 33602		Mailing Address 100 N. TAMPA STREET, SUITE 2410 TAMPA, FL 33602	
2. Principal Place of Business 12085 Research Drive		3. Mailing Address 12085 Research Drive	
Suite, Apt. #, etc. Suite 185		Suite, Apt. #, etc. Suite 185	
City & State Alachua FL		City & State Alachua FL	
Zip 32615		Country USA	
4. FEI Number 55-0832291		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> A		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRETT, TATE 100 N. TAMPA STREET, SUITE 2410 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Tate A. Jewell		SIGNATURE Tate A. Garrett	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE Jan 6, 2004		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		msm Tate A. Garrett 100 N. Tampa street Suite 2410 Tampa FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		noem Kelly Smith 12085 Research Drive Suite 185 Alachua FL 32615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		msm Richard Molloy 1167 Third Street South Naples FL 34102	
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: Tate A. Jewell		SIGNATURE: Tate A. Garrett	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	
		Jan 6, 2004	
		Daytime Phone # 813-221-8700	