


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90289 005 \*\*\*\*50.00

<b>DOCUMENT # L03000018350</b>	
1. Entity Name <b>PASTEURIA BIOSCIENCE, LLC</b>	

Principal Place of Business <b>12085 RESEARCH DRIVE SUITE 185 ALACHUA, FL 32615</b>	Mailing Address <b>12085 RESEARCH DRIVE SUITE 185 ALACHUA, FL 32615</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>55-0832291</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>GARRETT, TATE 100 N. TAMPA STREET, SUITE 2410 TAMPA, FL 33662</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>56 Advantage Capital Partners 550 N. Rao St. # 300 Tampa FL 33609</b>	
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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 Tate A. Donnell DATE March 23, 2005

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>Filing Fee is \$50.00 Due by May 1, 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 GARRETT, TATE A <input type="checkbox"/> Delete 100 N TAMPA STREET SUITE 2410 TAMPA, FL 33602	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>56 Advantage Capital Partners 550 N. Rao St # 300 Tampa FL 33609</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, KELLY <input type="checkbox"/> Delete 12005 RESEARCH DRIVE SUITE 185 ALACHUA, FL 32615	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12085 (not 12005)</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MOLLOY, RICHARD <input type="checkbox"/> Delete 1167 THIRD STREET SOUTH NAPLES, FL 34102	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: Tate A. Donnell DATE March 23, 2005 DAYTIME PHONE # 813 261-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE