
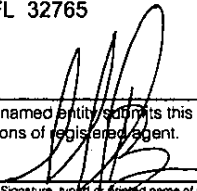
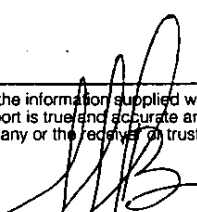


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90426 042 ****50.00

DOCUMENT # L03000023719 1. Entity Name DISCOVERY PRODUCTS, LLC					
Principal Place of Business 1105 CARDINAL CREEK PLACE OVIEDO, FL 32765 US			Mailing Address 1105 CARDINAL CREEK PLACE OVIEDO, FL 32765 US		
2. Principal Place of Business 136 BRICK HAVEN CV Suite, Apt. #, etc.		3. Mailing Address 136 BRICK HAVEN COVE Suite, Apt. #, etc.			
City & State OVIEDO, FL Zip 32765		City & State OVIEDO, FL Zip 32765		4. FEI Number 83-0363048	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BARON, ANDREW C 1105 CARDINAL CREEK PLACE OVIEDO, FL 32765			7. Name and Address of New Registered Agent Name ANDREW C. BARON Street Address (P.O. Box Number is Not Acceptable) 136 BRICK HAVEN COVE City OVIEDO, FL Zip Code 32765		
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  ANDREW C. BARON DATE 3/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARON, ANDREW C 1105 CARDINAL CREEK PLACE OVIEDO, FL 32765 <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	
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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:  ANDREW C. BARON DATE 3/28/05 407-415-1830 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					