2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# L03000037909

Entity Name: BIOCLOSURE, LLC

Current Principal Place of Business:

C/O JAMES C. GIBSON
300 SPOTTIS WOODE CT.
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

C/O JAMES C. GIBSON
300 SPOTTIS WOODE CT.
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3689083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL
625 COURT ST., STE. 200
CLEARWATER, FL 33756 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: GIBSON, JAMES C
Address: 300 SPTTIE WOODE CT.
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM ( ) Delete
Name: FISHER, JOHN S
Address: 310 PALMETTO RD.
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM ( ) Delete
Name: AHARI, FRED
Address: 6340 N. PINNACLE RIDGE
City-St-Zip: TUSCAN, AZ 88738

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GIBSON, JAMES C
Address: 300 SPOTTIS WOODE CT.
City-St-Zip: CLEARWATER, FL 33756

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

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: JAMES C. GIBSON MGRM 01/05/2005

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