




# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 28, 2006 8:00 am**  
**Secretary of State**

08-28-2006 90107 020 \*\*\*\*50.00

<b>DOCUMENT # L04000008932</b> 1. Entity Name <b>DRUG &amp; BIOTECHNOLOGY DEVELOPMENT, LLC</b>					
Principal Place of Business <b>406 S. ANCHORAGE AVE #5 CLEARWATER, FL 33765</b>			Mailing Address <b>406 S. ANCHORAGE AVE #5 CLEARWATER, FL 33765</b>		
2. Principal Place of Business <b>406 S ARCTURAS AVE</b> Suite, Apt. #, etc. <b>SUITE 45</b>		3. Mailing Address <b>406 S. ARCTURAS AVE</b> Suite, Apt. #, etc. <b>SAME</b>			
City & State <b>CLEARWATER, FL</b>		City & State <b>SAME</b>		4. FEI Number <b>55-0860418</b>	
Zip <b>33765</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BELL, ROBERT G 105 HOMEPORT DRIVE PALM HARBOR, FL 34883</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BELL, ROBERT 105 HOMEPORT DRIVE PALM HARBOR, FL 34883</b>	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> 		Date <b>8/28/06</b> Daytime Phone # <b>727-442-0885</b>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					