


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90595 036 ****50.00

DOCUMENT # L04000011237							
1. Entity Name MINDGENE, L.L.C.							
Principal Place of Business 270 S.E. MIZNER BLVD, STE 707 BOCA RATON, FL 33432		Mailing Address 270 S.E. MIZNER BLVD, STE 707 BOCA RATON, FL 33432					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 20-0718266			
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
VALDES-FAULI CORPORATE SERVICES, INC. 500 E BROWARD BLVD, STE 1400 FORT LAUDERDALE, FL 33394			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
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		<input type="checkbox"/> Delete	TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	DAVID N. VIRGIN			
STREET ADDRESS			STREET ADDRESS	770 CLAUGHTON ISLAND DR #1507			
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33131			
TITLE		<input type="checkbox"/> Delete	TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	MATHEW J. MORTON			
STREET ADDRESS			STREET ADDRESS	270 SE MIZNER BLVD STE 707			
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL 33432			
TITLE		<input type="checkbox"/> Delete	TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	ANTHONY GLAVIANO			
STREET ADDRESS			STREET ADDRESS	4367 SW 10TH PL #304			
CITY-ST-ZIP			CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			
TITLE		<input type="checkbox"/> Delete	TITLE	MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	KENNETH R. WEILBACHER			
STREET ADDRESS			STREET ADDRESS	6800 SW 123RD AVE			
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33183			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Matthew Morton</i>			Date: 3/8/05		Daytime Phone #: 5617223037		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							