


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2006 8:00 am
Secretary of State

06-28-2006 90096 040 ****50.00

DOCUMENT # L04000011237					
1. Entity Name MINDGENE, L.L.C.					
Principal Place of Business 125 CENTRAL AVE. DELRAY BEACH, FL 33483			Mailing Address 125 CENTRAL AVE. DELRAY BEACH, FL 33483		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05182006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 20-0718266	
				Applied For Not Applicable	
				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 MATHEW J MORTON		
			Street Address (P.O. Box Number is Not Acceptable)		
			125 CENTRAL AVE		
			City DELRAY BEACH FL		Zip Code 33483
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 <i>Mathew Morton</i>			DATE 6/21/06		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VIRGIN, DAVID N 770 CLAUGHTON ISLAND DRIVE #1507 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORTON, MATHEW J 270 SOUTHEAST MIZNER BOULEVARD SUITE 707 BOCA RATON, FL 33432			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLAVIANO, ANTHONY 4367 SOUTHWEST 10TH PLACE #304 DEERFIELD BEACH, FL 33442			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEILBACHER, KENNETH R 6800 SOUTHWEST 123RD AVENUE MIAMI, FL 33183			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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.					
SIGNATURE: <i>Mathew Morton</i>			DATE 6/21/06		5617223037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #