

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037981

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** FORENSIC BIOLOGY CONSULTANTS, LLC

**Current Principal Place of Business:**

109 LARKWOOD DRIVE  
SUITE A  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

109 LARKWOOD DRIVE  
SUITE A  
SANFORD, FL 32771 US

**New Mailing Address:**

109 LARKWOOD DRIVE  
SUITE A  
SANFORD, FL 32771 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PETERSON, NANCY W  
109 LARKWOOD DR.  
SANFORD, FL 32771 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PETERSON, NANCY W  
Address: 109 LARKWOOD DR.  
City-St-Zip: SANFORD, FL 32771 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PETERSON, NANCY W  
Address: 109 LARKWOOD DR. , SUITE A  
City-St-Zip: SANFORD, FL 32771 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: NANCY W PETERSON

MGRM

04/27/2007

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