

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000044147

**FILED**  
**Jan 05, 2005**  
**Secretary of State**

**Entity Name:** ADVANCED POLYMER COURSES, L.L.C.

**Current Principal Place of Business:**

200 9TH AVENUE NORTH, SUITE 100  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

200 9TH AVENUE NORTH, SUITE 100  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALDISSI, MATT  
200 9TH AVENUE NORTH, SUITE 100  
SAFETY HARBOR, FL 34695 US

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

ALDISSI, MATT PH.D.  
200 9TH AVENUE NORTH, SUITE 100  
SAFETY HARBOR, FL 34695 US

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: MATT ALDISSI

01/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: ALDISSI, MATT  
Address: 200 9TH AVENUE NORTH, SUITE 100  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALDISSI, MATT PH.D.  
Address: 200 9TH AVENUE NORTH, SUITE 100  
City-St-Zip: SAFETY HARBOR, FL 34695

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: MATT ALDISSI

MGR

01/05/2005

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