

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050045

FILED  
Jun 11, 2006  
Secretary of State

**Entity Name:** BOTANIKA RESEARCH LABORATORIES, LLC

**Current Principal Place of Business:**

3725 SE OCEAN BLVD  
203  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

3725 SE OCEAN BLVD  
203  
STUART, FL 34996

**New Mailing Address:**

FEI Number: 35-2233793      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MADDEN, JOHN W ESQ.  
789 SOUTH FEDERAL HIGHWAY, SUITE 308  
STUART, FL 34994      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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: JOHNSON, DONNA E  
Address: 612 ABBEYGLEN WAY NW  
City-St-Zip: KENNESAW, GA 30144

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: JOHNSON, DENNIS L  
Address: 9550 S OCEAN DR #505  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS L JOHNSON

MGR

06/11/2006

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