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FILED
May 02, 2005 8:00 am
Secretary of State

03-15-2005 90350 005 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000053678

1. Entity Name
BIOABA, LLC.

...30005310

03032005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
536 OCEAN DRIVE SUITE # 202 JUNO BEACH, FL 33408 US	536 OCEAN DRIVE SUITE # 202 JUNO BEACH, FL 33408 US

2. Principal Place of Business		3. Mailing Address	
530 Ocean Drive,		530 Ocean Drive	
Suite, Apt. #, etc.: 202		Suite, Apt. #, etc.: 202	
City & State: Juno Beach, FL		City & State: Juno Beach, FL	
Zip: 33408	Country:	Zip: 33408	Country:

4. FEI Number: 20-1389668 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLA, AUGUSTO E 536 OCEAN DRIVE SUITE # 202 JUNO BEACH, FL 33408	Name: Street Address (P.O. Box Number is Not Acceptable): 530 Ocean Drive Suite #202 City: Juno Beach FL Zip Code: 33408

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VILLA, AUGUSTO E 536 OCEAN DRIVE SUITE - 202 JUNO BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	530 Ocean Drive, Ste 202 Juno Beach, FL 33408	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR VILLA, JOSE L 412 CARDINAL AVE MCALLEN, TX 78504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9669 Wyeth Ct. Wellington, FL 33414	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: ______________________ 3/7/05 561-255 7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #