

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 02, 2008  
Secretary of State**

DOCUMENT# L04000055759

Entity Name: DR. BAUMANN USA LLC

**Current Principal Place of Business:**

1450 LINCOLN ROAD  
604  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1450 LINCOLN ROAD  
604  
MIAMI BEACH, FL 33139

**New Mailing Address:**

FEI Number: 03-0545166      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

PALAVRA, DZENAN  
1450 LINCOLN ROAD  
604  
MIAMI BEACH, FL 33139 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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: PALAVRA, DZENAN  
Address: 1450 LINCOLN ROAD # 604  
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: MGRM ( ) Delete  
Name: BAJROVIC, AIDA  
Address: 1450 LINCOLN ROAD # 604  
City-St-Zip: MIAMI BEACH, FL 33139

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

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: DZENAN PALAVRA

MGR

05/02/2008

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