2007 LIMITED LIABILITY COMPANY

Mar 07, 2007 8:00 am **Secretary of State** ANNUAL REPORT **DOCUMENT # L04000058139** 03-07-2007 90214 049 ****50.00 LYMPHO-OPT, L.L.C. Principal Place of Business Mailing Address 11380 PROSPERITY FARMS ROAD 11380 PROSPERITY FARMS ROAD SUITE 110-A SUITE 110-A PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11380 PROSPERITY FRMERD 11380 PROSPERITY FRMS W Suite, Apt. #, etc. Suite, Apt. #, etc. 02282007 CR2E083 (12/06) Cha-LLC SUITE <u> 215</u> SUITE 215 City & State City & State 4. FEI Number Applied For PALM BEACH PALM BEACH GARDENS GARDENS FL 90-0191412 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired <u>33410</u> AZU USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THIEMANN, DIETER A Street Address (P.O. Box Number is Not Acceptable) 11.3 80 PROSPERITU FARMS RD. STE2IS THIEMANN, DIETER A 11380 PROSPERITY FARMS ROAD SUITE 110-A PALM BEACH GARDENS, FL 33410 City PALM BEACH 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) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR MGR TITLE TITLE Delete Change ■ Addition WEIGL HOLDINGS (USA), INC. WEIGH HOLDINGS (USA), INC. NAME NAME 11380 PROSPERITY FARMS ROAD SUITE 110-A STREET ADDRESS STREET ADDRESS 113 80 PROPERITY FARMS RD., STE ZIS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-7IP PALM BEACH GARDENS FL 33410 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ٠. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME <u>;</u> STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 fimited liability company or the receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #