


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90078 041 \*\*\*138.75

<b>DOCUMENT # L04000058139</b>	
1. Entity Name <b>LYMPHO-OPT, L.L.C.</b>	

Principal Place of Business <b>11380 PROSPERITY FARMS ROAD SUITE 215 PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>11380 PROSPERITY FARMS ROAD SUITE 215 PALM BEACH GARDENS, FL 33410</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

**60041510**



02292008 Chg-LLC CR2E083 (12/06)

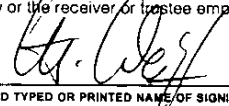
6. Name and Address of Current Registered Agent	
<b>THIEMANN, DIETER A 11380 PROSPERITY FARMS ROAD SUITE 215 PALM BEACH GARDENS, FL 33410</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address	<b>(Bruce H. Mattson, P.A.) 6400 N. Andrews Ave., Suite 320 Fort Lauderdale, FL 33309</b>
City	<b>FL</b> Zip Code

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 	DATE <b>7/23/08</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEIGL HOLDINGS (USA), INC. 11380 PROSPERITY FARMS RD., STE 215 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE <b>04/01/08</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	