2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000061922 1. Entity Name PLASMA VENTURES LLC

Mailing Address

Principal Place of Business 5801 CONGRESS AVENUE BOCA RATON, FL 33487

5801 CONGRESS AVENUE BOCA RATON, FL 33487

FILED Feb 06, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1541806 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY M ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394

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	named entity submits this statement for the purpose of cha ions of registered agent.	anging its registered office or registered agent, or both, in the S	ate of Florida. I am familiar with, i	iqessa Dne
SIGNATURE_			<u> </u>	
_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algorithms required when reinstating)	DATE	-
	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	WOLF, STEVEN			
STREET ADDRESS	5801 CONGRESS AVE	·		
CITY-ST-ZIP	BOCA RATON, FL 33487	1		

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CITY-ST-2IP MLE NAME STREET ADDRESS CRY-ST-EIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 7717 E

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 adjurate 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

NAME

NAME STREET ADDRESS CTTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

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

561-498-5600 Daytime Phone #