

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90016 001 \*\*\*\*50.00

**DOCUMENT # L04000062777**

1. Entity Name  
**BIOKINETEX, L.L.C.**



Principal Place of Business

**600 HERITAGE DRIVE  
SUITE 110  
JUPITER, FL 33458**

Mailing Address

**600 HERITAGE DRIVE  
SUITE 110  
JUPITER, FL 33458**



04192006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1602322</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**BERKOWITZ, IAN M  
2385 EXECUTIVE CENTER DRIVE, STE. 190  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM REED, MICHAEL L DPT 600 HERITAGE DRIVE, SUITE 110 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President Spector, Aaron H. MSPT 600 Heritage Drive, Suite 110 Jupiter, FL 33458
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

*Aaron Spector* **Aaron Spector** 4/25/06 (561) 253 8737