

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 20 AM 10:28

DOCUMENT # L04000068946 1. Entity Name BIO-LIFE LABORATORIES, LLC					
Principal Place of Business 3345 BURNS ROAD # 206 PALM BEACH GARDENS, FL 33410			Mailing Address 3345 BURNS ROAD # 206 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 06122005 Chg-LLC CR2E083 (10/03)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <div style="text-align: center; font-size: 1.2em;">20-1808399</div>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent TASSELL, DAVID C 941 N. A1A JUPITER, FL 33477			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONTANO, DONALD 3345 BURNS ROAD PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHNSON, KEVIN 3345 BURNS ROAD PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM POWERS, WILLIAM 3345 BURNS ROAD PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			<div style="text-align: center;"> REINSTATEMENT 2005  </div>		
SIGNATURE: <u>Donald Montano</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>June 13, 2005</u> Daytime Phone # _____		