


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90224 035 \*\*\*\*50.00

<b>DOCUMENT # L04000068946</b> 1. Entity Name <b>BIO-LIFE LABORATORIES, LLC</b>					
Principal Place of Business <b>3345 BURNS ROAD</b> <del># 206</del> <b>PALM BEACH GARDENS, FL 33410</b>			Mailing Address <b>3345 BURNS ROAD</b> <del># 206</del> <b>PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>204</b>		Suite, Apt. #, etc. <b># 204</b>			
City & State		City & State			
Zip	Country	Zip	Country		
		01092006 Chg-LLC		CR2E083 (11/05)	
4. FEI Number <b>20-1808399</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>TASSELL, DAVID C</b> <b>941 N. A1A</b> <b>JUPITER, FL 33477</b>			Name <b>Donald Montano</b> Street Address (P.O. Box Number is Not Acceptable) <b>3345 Burns Rd, Suite 204</b> City <b>Palm Beach Gardens FL</b> Zip Code <b>33410</b>		
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 <b>Donald Montano</b> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MONTANO, DONALD</b> <b>3345 BURNS ROAD, Suite 204</b> <b>PALM BEACH GARDENS, FL 33410</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>JOHNSON, KEVIN</b> <b>3345 BURNS ROAD, Suite 204</b> <b>PALM BEACH GARDENS, FL 33410</b>	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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 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.					
<b>SIGNATURE: Donald Montano</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					