2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# L04000074071

Entity Name: BIOMOTION OF FL LLC

Current Principal Place of Business:

1009 MAITLAND CENTER COMMONS
SUITE 216
MAITLAND, FL 32751 US

New Principal Place of Business:

886 SILK OAK TERRACE
LAKE MARY, FL 32746 US

Current Mailing Address:

1009 MAITLAND CENTER COMMONS
SUITE 216
MAITLAND, FL 32751 US

New Mailing Address:

886 SILK OAK TERRACE
LAKE MARY, FL 32746 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GILMOUR, WILLIAM J
1009 MAITLAND CENTER COMMONS
SUITE 216
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

GILMOUR, WILLIAM J
886 SILK OAK TERRACE
LAKE MARY, FL 32746 US

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.

SIGNATURE: ______________________________ 07/06/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GILMOUR, WILLIAM J
Address: 886 SILK OAK TERRACE
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM J. GILMOUR CEO 07/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date