

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079504

**FILED**  
**Jan 30, 2005**  
**Secretary of State**

**Entity Name:** DENALI BIOTECHNOLOGIES, LLC

**Current Principal Place of Business:**

4835 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

4835 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 20-1837208      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAINES, GORDON S  
4835 FALLING ACORN CIRCLE  
LAKE MARY, FL 32746    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: MCKENZIE, MAUREEN A  
Address: 4835 FALLING ACORN CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR      ( ) Delete  
Name: HAINES, GORDON S  
Address: 4835 FALLING ACORN CIRCLE  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR      ( ) Delete  
Name: KIANA, CHRIS SR.  
Address: 5077 MILLS DRIVE  
City-St-Zip: ANCHORAGE, AK 99508

**ADDITIONS/CHANGES:**

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

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

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: GORDON S HAINES

MGR

01/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date