

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079504

FILED
Apr 19, 2007
Secretary of State

Entity Name: DENALI BIOTECHNOLOGIES, LLC

Current Principal Place of Business:

14896 KENAI SPUR HIGHWAY
KENAI, AK 99611

New Principal Place of Business:

Current Mailing Address:

35555 SPUR HIGHWAY
PMB 321
SOLDOTNA, AK 99669

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
14896 KENAI SPUR HIGHWAY
KENAI, ALASKA, FL 99611 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/MANAGERS:

Title: MGR () Delete
Name: MCKENZIE, MAUREEN A
Address: 35555 SPUR HIGHWAY, PMB 321
City-St-Zip: SOLDOTNA, AK 99669

Title: MGR () Delete
Name: HAINES, GORDON S
Address: 35555 SPUR HIGHWAY, PMB 321
City-St-Zip: SOLDOTNA, AK 99669

Title: MBR () Delete
Name: BLUE, LINDEN
Address: 3550 GENERAL ATOMICS CIRCLE
City-St-Zip: SAN DIEGO, CA 92121

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: BLUE, LINDEN S
Address: 3550 GENERAL ATOMICS CIRCLE
City-St-Zip: SAN DIEGO, CA 92121

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 SCOTT HAINES

MGR

04/19/2007

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