

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000089653

Entity Name: RETAINE PRODUCTS LLC

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

2805 VERONIA DR
SUITE 204
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

2805 VERONIA DR
SUITE 204
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-2005663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM () Delete
Name: OWENS, JOSEPH T
Address: 2805 VERONIA DR SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: GOULD, BERT P
Address: 2805 VERONIA DR SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: SHAPIRO, STEVEN D
Address: 2805 VERONIA DR SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: BORENSTEIN, MICHAEL T
Address: 2805 VERONIA DR SUITE 204
City-St-Zip: PALM BEACH GARDENS, FL 33410

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:

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 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: JOSEPH T OWENS

PRES

02/16/2007

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