2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005060

Entity Name: AMERICAN ANTIBIOTICS, LLC

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6950 BRYAN DAIRY ROAD LARGO, FL 33777

Current Mailing Address: New Mailing Address:

6950 BRYAN DAIRY ROAD LARGO, FL 33777

FEI Number: 38-3716211 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TANEJA, JUGAL K 6950 BRYAN DAIRY ROAD LARGO, FL 33777 US

MANAGING MEMBERS/MANAGERS:

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:

Name:

Address:

Electronic Signature of Registered Agent Date

Electronic eignature of registered rige

ADDITIONS/CHANGES:

CFOV () Delete Title: CFOV (X) Change () Addition PARE-FALCONE, CAROL Name: DORE-FALCONE, CAROL 6950 BRYAN DAIRY ROAD Address: 6950 BRYAN DAIRY ROAD

City-St-Zip: LARGO, FL 33777 City-St-Zip: LARGO, FL 33777

Title: P () Delete Title: P (X) Change () Addition Name: SEPHARAM, KATHY Name: SEKHARAM, KOTHA

 Address:
 6950 BRYAN DAIRY ROAD
 Address:
 6950 BRYAN DAIRY ROAD

 City-St-Zip:
 LARGO, FL 33777
 City-St-Zip:
 LARGO, FL 33777

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: CAROL DORE-FALCONE CFOV 01/16/2007