

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024768

FILED
May 01, 2006
Secretary of State

Entity Name: NITROMEDYX, LLC

Current Principal Place of Business:

105 OCEAN'S EDGE DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

105 OCEAN'S EDGE DRIVE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

105 OCEAN'S EDGE DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

105 OCEAN'S EDGE DRIVE
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 20-2503282 FEI Number Applied For () FEI Number Not Applicable () 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:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE STE 1200
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: GWEN HUTCHESON GRIGGS, EVP

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PERRY, JOHN
Address: 105 OCEAN'S EDGE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: JOHN PERRY

MGR

05/01/2006

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