

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90029 012 \*\*\*\*50.00

**DOCUMENT # L05000052414**



1. Entity Name  
**POMOMA BIOTECHNOLOGIES LLC**

Principal Place of Business  
**VIALE VERBANO 7  
6602 MURALTO SWITZERLAND,**

Mailing Address  
**701 BRICKELL AVENUE, SUITE 3000  
MIAMI, FL 33131**

**20036189**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**NONE REQUIRED**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSTRASTATE REGISTERED AGENT CORPORATION  
701 BRICKELL AVENUE, SUITE 3000  
MIAMI, FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **MULTI TRUST ADVISOR S.A.**  
STREET ADDRESS **VIALE VERBANO 7**  
CITY- ST- ZIP **6602 MURALTO SWITZERLAND,**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

**Ivano D'Andrea on behalf of Advisor SA April 24, 2006**

Multi Trust

Date

Daytime Phone #

ATTACHMENT

20036189  
#605000052414

**UNANIMOUS WRITTEN CONSENT OF THE MEMBER(S) OF  
POMONA BIOTECHNOLOGIES LLC**

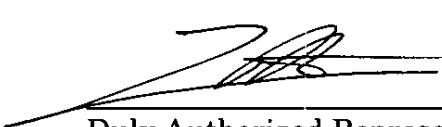
The undersigned, constituting the Member(s) of POMONA BIOTECHNOLOGIES LLC, a Florida Limited Liability Company (hereinafter "Company"), hereby adopt this Unanimous Written Consent in lieu of a Meeting, waive all notice of the time, place and objects of such meeting, and consent to, ratify, approve and adopt the following as the acts of such Member(s) and as corporate resolutions:

RESOLVED, that the company listed below currently serving as Manager of the Company is hereby reappointed to serve as Manager of the Company until its successor(s) are duly elected or appointed and qualified:

Multi Trust Advisor S.A.

FURTHER RESOLVED, that any and all actions taken to date on behalf of the Company, by the Manager(s) and/or any of the Member(s) are hereby ratified, approved, authorized, and consented to.

IN WITNESS WHEREOF, the undersigned execute these minutes effective the 24<sup>th</sup> day of APRIL, 2006.

  
Duly Authorized Representative  
of Member(s)

Mr. Ivano D'Andrea  
on behalf of Multi Trust Advisors S.A.