## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Mar 13, 2006 8:00 am Secretary of State DOCUMENT # L05000114532 02-21-2006 90178 034 \*\*\*\*50.00 1. Entity Name BIOCELL NUTRACEUTICALS, LLC Principal Place of Business Mailing Address 00004400 697 NORTH SEMORAN BLVD STE 8 110 WALT WHITMAN ROAD STE 205 ORLANDO, FL 32807 **HUNTINGTON STATION, NY 11746** 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172006 Chg-LLC CR2E083 (11/05) 4. FEI Number 20-3885526 City & State City & State Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VENEZA, JERRY Street Address (P.O. Box Number is Not Acceptable) 9802 TIVOLI VILLA DRIVE ORLANDO, FL 32829 City 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 SIGNATURE Signature, typed or printed name of registered argent and little 9 applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. . . MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Defete TITLE ☐ Change Addition NAME RAMJEET, OSCAR ... Lange or 5 FOX RUN LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LLOYD HARBOR, NY 11743 CITY-ST-ZIP TITLE ☐ Delete TITLE . THE Change ☐ Addition NAME -KRAMER, JOSEPH NAME STREET ADDRESS 60 OHIO AVENUE STREET ADDRESS CITY-ST-ZIP MASSAPEQUA, NY 11758 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition VENESSA, TITUS NAME NAME STREET ADORESS 5622 ELIZABETH ROSE SQUARE STREET ADDRESS ORLANDO, FL 32810 CITY-ST-71P COY-ST-ZP TITLE Oelete TITLE ☐ Change Addition 🔲 HAME VENEZA, JERRY HAME-9802 TIVOLI VILLA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO, FL 32829 CITY. ST. 7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ATTERESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition KAME NAME 1.48 [] [4] STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 11.1 hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on the export it 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 by the ecceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. ELT: boseon Kramer CPA SIGNATURE:

**FILED** 





## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2006

BIOCELL NUTRACEUTICALS, LLC 110 WALT WHITMAN ROAD STE 205 HUNTINGTON STATION, NY 11746

Subject: BIOCELL NUTRACEUTICALS, LLC

Reference Number;

L05000114532

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION