


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

2007 MAY 24 P 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000007968			
1. Entity Name R & R BIOMEDICAL, LLC			
Principal Place of Business 147 ACE HIGH STABLES ROAD CRAWFORDVILLE FL 32327 US		Mailing Address PO BOX 1193 WOODVILLE FL 32362 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROBBINS, JAMES L 147 ACE HIGH STABLES ROAD CRAWFORDVILLE FL 32327		7. Name and Address of New Registered Agent 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 <u>James L. Robbins</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/20/07</u>			
<div style="text-align: center;"> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 </div>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROBBINS, JAMES L 147 ACE HIGH STABLES ROAD CRAWFORDVILLE FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4000 953 26864 03/21/07 90041 011 \$150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>James L. Robbins</u>		DATE: <u>4/20/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	