


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**


03-06-2007 90076 043 \*\*\*\*50.00

<b>DOCUMENT # L06000019935</b>	
1. Entity Name <b>ONCOMUNE, LLC</b>	

Principal Place of Business <b>% RICHARD C. BULMAN 350 E. LAS OLAS BLVD., STE. 1600 FT. LAUDERDALE, FL 33301</b>	Mailing Address <b>% RICHARD C. BULMAN 350 E. LAS OLAS BLVD., STE. 1600 FT. LAUDERDALE, FL 33301</b>
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2. Principal Place of Business - No P.O. Box # <b>290 NW 165 STREET</b>	3. Mailing Address <b>290 NW 165 STREET</b>
Suite, Apt. #, etc. <b>S-P350</b>	Suite, Apt. #, etc. <b>S-P350</b>

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
Zip <b>33169</b>	Country <b>USA</b>

	
02272007 Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>22-3928181</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>AMERICAN INFORMATION SERVICES, INC. LAS OLAS CENTRE II, STE. 1600 350 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301</b>	
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7. Name and Address of New Registered Agent Name <b>LADISA REZNIK</b> Street Address (P.O. Box Number is Not Acceptable) <b>20201 E. COUNTRY CLUB DR #2608</b> City <b>MIAMI</b> FL Zip Code <b>33180</b>	
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 <b>[Signature]</b> DATE <b>03/01/07</b>	

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>[Signature]</b>	Date <b>796-282-0504</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	