

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023580

Entity Name: GLYCOTEAM LLC

FILED
Jan 13, 2007
Secretary of State

Current Principal Place of Business:

13040 NW 80TH ST. LANE
FAIRFIELD, FL 32634

New Principal Place of Business:

13040 NW 80TH AVE
FAIRFIELD, FL 32634

Current Mailing Address:

PO BOX 775
FAIRFIELD, FL 32634

New Mailing Address:

FEI Number: 20-4425482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOMBER, WAYNE A
13040 NW 80TH ST. LANE
FAIRFIELD, FL 32634 US

Name and Address of New Registered Agent:

BOMBER, WAYNE A
13040 NW 80TH AVE.
FAIRFIELD, FL 32634 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: WAYNE A. BOMBER

01/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOMBER, WAYNE A
Address: 13040 NW 80TH ST. LANE
City-St-Zip: FAIRFIELD, FL 32634

Title: MGRM () Delete
Name: DAWWE, MARSHA L
Address: 13040 NW 80TH ST. LANE
City-St-Zip: FAIRFIELD, FL 32634

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BOMBER, WAYNE A
Address: 13040 NW 80TH AVE.
City-St-Zip: FAIRFIELD, FL 32634

Title: MGRM (X) Change () Addition
Name: DAWWE, MARSHA L
Address: 13040 NW 80TH AVE.
City-St-Zip: FAIRFIELD, FL 32634

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: WAYNE A. BOMBER

MGRM

01/13/2007

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