

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024395

FILED
Feb 16, 2007
Secretary of State

Entity Name: FLORIDA GLYCOMICS ASSOCIATION L.L.C.

Current Principal Place of Business:

1166 CASEY KEY RD
NOKOMIS, FL 34275

New Principal Place of Business:

2704 SWEETLAND AVE
SARASOTA, FL 34232

Current Mailing Address:

PO BOX 15938
SARASOTA, FL 34277

New Mailing Address:

2704 SWEETLAND AVE
SARASOTA, FL 34232

FEI Number: 16-1751663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVENER, DWIGHT D
1166 CASEY KEY RD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

HAVENER, DWIGHT D
345 MADISON DR
SARASOTA, FL 34236 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:

02/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAVENER, DWIGHT D
Address: PO BOX 15938
City-St-Zip: SARASOTA, FL 34277 US

Title: MGR () Delete
Name: HAVENER, SUSAN M
Address: PO BOX 15938
City-St-Zip: SARASOTA, FL 34277

Title: MGR () Delete
Name: BOURGELAS, MARK R
Address: PO BOX 15938
City-St-Zip: SARASOTA, FL 34277

Title: MGR () Delete
Name: ROY, RON G
Address: 1072 EGRET'S WALK CIRCLE #102
City-St-Zip: NAPLES, FL 34108 US

Title: MGR () Delete
Name: ROY, PAULETTE M
Address: 1072 EGRET'S WALK CIRCLE #102
City-St-Zip: NAPLES, FL 34108

Title: MGR () Delete
Name: SALERNO, ROBERT
Address: 2540 CARLISLE PLACE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK BOURGELAS

MGR

02/16/2007

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