DOCUMENT # L06000030694         04-19-2007 90034 040 **** 50.00           L607/007         Maino Address           AM00MEE 000E         34 M00MEE 000E           DIMA AL SSOI         DUMA AL SGOI           DIMA AL SGOI         DUMA AL SGOI           DIMA AL SGOI         DUMA AL SGOI           DIMA AL SGOI         DUMA AL SGOI           DUMA AL SGOI         DUMA AL SGOI           SGOIA SGUE         SCALLSCARE           Parage AL SCALL         DUMA AL SGOI           SGOIA SGUE         SCALLSCARE           Parage AL SCALL         DUMA AL SGOI           SGOIA SGUE         SCALLSCARE           Parage AL SCALLSCARE         PARAGENER           SGOIA SGUE         SCALLSCARE           PARAGENER SGUE	200	07 LIMITED LIA ANNUAI	ABILITY CON L REPORT	MPAN	IY	A	FI Apr 19, 2 Secreta	[LED 2007 8:( ry of St	00 an tate	
Principal Proceed Business Address Maint Address Addr	1. Entity Name									
DDIHAN, AL. 36301       DDIHAN, AL. 36301         2. Proceeding Have of Biomester. No PCL Box 4       3. Making Access 4         1000 E., 23rd St., 30 PCL Box 4       9. Making Access 4         2000 E., 23rd St., 30 PCL Box 4       9. Making Access 4         2000 E., 23rd St., 30 PCL Box 4       9. Making Access 4         2000 E., 23rd St., 30 PCL Box 4       9. Making Access 4         2000 E., 23rd St., 30 PCL Box 4       9. Making Access 4         2000 E., 23rd St., 30 PCL Box 4       9. Making Access 4         2000 E., 23rd St., 30 PCL Box 4       9. Making Access 4         2000 E., 23rd St., 30 PCL Box 4       9. Original Box 4         2000 E., 23rd St., 30 PCL Box 4       9. Original Box 4         2000 E., 23rd St., 30 PCL Box 4       9. Original Box 4         2000 E., 10 PCL Box 4       9. Original Box 4         2000 E., 10 PCL Box 4       9. Original Box 4         2000 E., 10 PCL Box 4       9. Original Box 4         2000 F., FL Box 4       200 PCL Box 4         2000 F., FL Box 4       200 PCL Box 4         2000 F., FL Box 4       200 PCL Box 4         2001 F., PL Box 4       200 PCL Box 4         2001 F., FL Box 4       200 PCL Box 4         2001 F., FL Box 4       200 PCL Box 4         2001 F., FL Box 4       200 PCL Box 4										
1000 E. 25rd St.     P.O. Box SS/4       Suite A-1     Suite A-3       Suite A-3     Suite A-1       Suite A-1     Bay Suite A-1       20     County       3205     Bay       3204 AD It was and Address of Summ Registered Agent       4     TO Number and Address of Summ Registered Agent       7     Nume and Address of Summ Registered Agent       9     Rock Address (Summ Registered Agent A	34 WOODMERE	DRIVE	34 WOODMERE DRIVE	-		4	0070285			
Stitte A-3         Ode State         Postbarr         CR2E03 (12/06)           City 6 State         Dorbhan, AL         4. FEI Numer         Convert         20         State         20										
Only 4 States       Dry 4 States       A FEI Number       Include         Zip       Country       Zip       States       Name       Include         32405       E. Marine and Address of Current Registered Agent       Name       Country       States       States </td <td></td> <td></td> <td colspan="3">Suite, Apt. #, etc.</td> <td colspan="3">04062007 Chg-LLC CR2E083 (12/06)</td>			Suite, Apt. #, etc.			04062007 Chg-LLC CR2E083 (12/06)				
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WARNER, WILLIAM G THE WARNER LAW FIRM, P.A. 519 GRACE AVENUE PANAMA CITY, FL 32401     Name       Stront Activess (PO. Box Number is Not Acceptable)     Stront Activess (PO. Box Number is Not Acceptable)       FL     Zip Code       Aname     City       FL     Zip Code       Stront Activess (PO. Box Number is Not Acceptable)     City       City     FL       Zip Code     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Activess (PO. Box Number is Not Acceptable)     City       Stront Actives (PO. Box Number is Not Acceptable)     City       Stront Actives (PO. Box Number is Not Acceptable)     City       Stront Actives (PO. Box Number is Not Acceptable)     City (PO. Box Number is Not Acceptable)       Stront Actives (PO. Box Number is Not Acceptable)     City (PO. Box Number is Not Acceptable) <td>Zip</td> <td>Country</td> <td>Zip</td> <td></td> <td></td> <td></td> <td>····</td> <td>5.00 Ad</td> <td>ditional</td>	Zip	Country	Zip				····	5.00 Ad	ditional	
WARNER, WILLIAM G THE WARNER LAW FIRM, P.A. 519 GRACE AVENUE PANAMA CITY, FL 32401     Street Address (P.C. Box Number is Net Acceptable)       City     FL     Zp Code       City     FL     Zp Code       8. The above named entity submits its statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familier with, and accept the obligations of registered agent.     DATE       SIGNATURE     N/A     Particle agent.     DATE       SIGNATURE     N/A     Code     Mark check parable to Floride Department of State       9.     MANAGING MEMBERS /MANAGERS     10.     ADDITIONS/CHANGES       9.     MARK check parable to Floride Department of State     Orange     Addition       9.     MARK check parable to Floride Department of State     Orange     Addition       9.     MARK check parable to Floride Department of State     Orange     Addition       9.     Mark check parable to Floride Department of State		6. Name and Address of Curren	t Registered Agent		Name	7. Name an	d Address of New Reg	listered Agent		
Chy         FL         Zip Code                Chy         FL         Zip Code                En above named entity submits its istatement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. Lam familier with, and accept                 SIGNATURE         NA                 SIGNATURE         NA                 SIGNATURE         NA                 Filing Fee is \$50.00          MARe check payable to                 Filing Fee is \$50.00          MARe check payable to                 Marked/NO MEMBERS/MANAGERS          10.                 Marked/NO MEMBERS/MANAGERS	THE WARNE	R LAW FIRM, P.A.		-		P.O. Box Numl	ber is Not Acceptable)			
The boligations of registered agent.  SIGNATURE  SIGNATURE SIGNATURE  SIGNATURE SIGNATUR SIGNATURE SIGNATURE SIGNATURE				-	City			FL Zip Cod	0	
Billing Fee is \$50.00 Due by May 1, 2007     Make check payable to Florida Department of State       9.     MANAGING MEMBERS / MANAGERS     10.     ADDITIONS / CHANGES       ITTLE     Mitchael P. McCann     Delete     Mitc Make     Change     Addition       STRET ADDRESS     Ochann, AL 36301     CHY 51 2P     CHANGES     Change     Addition       NULE     McR     Delete     Mitc     Change     Addition       NULE     McR     Delete     Mitc     Change     Addition       NULE     Dothan, AL 36301     Delete     Mitc     Change     Addition       NULE     Dothan, AL 36303     OTH 51 2P     Change     Addition       NULE     Dothan, AL 36303     Oth 51 2P     Change     Addition       NULE     Dothan, AL 36303     Oth 51 2P     Change     Addition       NULE     Dothan, AL 36303     Oth 51 2P     Change     Addition       NULE     Nuke     STRET ADDRES     Change     Addition       STRET ADDRES     CH	the obligation	s of registered agent.		s registered	d office or register	red agent, or b	oth, in the State of Floric	da. I am familiar with,	and accept	
ITTLE       MCRM       Delete       ITTLE       Delete       ITTLE         NAME       State P. McCann       ITTLE       NAME       State P. McCann       Addition         ITTLE       MCR       Dothan, AL       36301       Delete       ITTLE       ITTLE <t< th=""><th>Filin</th><th>ng Fee is \$50.00</th><th>t and title if applicable. (NÖ</th><th>TE. Registered /</th><th>Agent signature required</th><th>d when reinstaling)</th><th></th><th>check payable to</th><th>e</th></t<>	Filin	ng Fee is \$50.00	t and title if applicable. (NÖ	TE. Registered /	Agent signature required	d when reinstaling)		check payable to	e	
MME       Michael P. McCann       Delete       MAE         STRET ADDRESS       34 Woodmere Drive       STRET ADDRESS         Ort-st-2P       Dothan, AL       36301       CITY-ST-2P         MAE       MRE       Change       Addition         STRET ADDRESS       Dothan, AL       36303       CITY-ST-2P         ITTLE       MAR       STRET ADDRESS       CITY-ST-2P         ITTLE       MAR       STRET ADDRESS       CITY-ST-2P         ITTLE       Dothan, AL       36303       CITY-ST-2P         ITTLE       Dothan, AL       36303       CITY-ST-2P         ITTLE       Dothan, AL       36303       CITY-ST-2P         ITTLE       NAME       STRET ADDRESS       CITY-ST-2P         ITTLE       Dothan, AL       36303       CITY-ST-2P         ITTLE       NAME       STRET ADDRESS       CITY-ST-2P         ITTLE       Delete       ITTLE       Change       Addition         NAME       STRET ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         ITTLE       Delete       ITTLE       Change       Addition         NAME       STRET ADDRESS       CITY-ST-2P       CITY-ST-2P         ITTLE       <			ERS/MANAGERS	10.			ADDITIONS/C	HANGES		
HILE       MCR       Inite       In	NAME N STREET ADDRESS	fichael P. McCann 34 Woodmere Drive	Delete	NAME STREET				Change	Addition	
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TITLE       Delete       TITLE       Change       Addition         NAME       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS       <	TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET	ADDRESS			Change	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:	TITLE NAME STREET ADDRESS		Delete	title name street	ADDRESS	<u> </u>		Change	Addition	
	SIGNATU	this report is true and accurate and company or the receiver or truste	I that my signature shall have be empowered to execute this	or the exem e the same I s report as r	ptions contained egal effect as if n equired by Chap	nade under oat ter 608, Florida	h; that I am a managin Statutes.	g member or manage	prmation ar of the	

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