

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036493

Entity Name: FLORIDA GENETICS, LLC

FILED
Jan 23, 2009
Secretary of State

Current Principal Place of Business:

7292 FOURTH STREET NORTH, SUITE B
ST. PETERSBURG, FL 33702

New Principal Place of Business:

7292 FOURTH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33702

Current Mailing Address:

7292 FOURTH STREET NORTH, SUITE B
ST. PETERSBURG, FL 33702

New Mailing Address:

7292 FOURTH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33702

FEI Number: 20-4737926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKSHEAR, WILLIAM M JR.
7292 FOURTH STREET NORTH, SUITE B
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

BLACKSHEAR, WILLIAM M JR.
7292 FOURTH STREET NORTH
SUITE B
ST. PETERSBURG, FL 33702 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: WILLIAM M BLACKSHEAR, JR

01/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLACKSHEAR, WILLIAM M JR.
Address: 7292 FOURTH STREET NORTH, SUITE B
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MGRM (X) Delete
Name: GRAY, DENNIS
Address: 24734 TURKLEY LAKE RD
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: MGRM () Delete
Name: PRUITT, J CRAYTON
Address: ONE BEACH DR SE SUITE 302E
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: MGRM (X) Delete
Name: LI, ZHIJIAN T
Address: 582 BRANTLEY TERRACE WAY #205
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM (X) Delete
Name: KISER, EARL T
Address: 28 GEORGETOWN
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: SHUCK, ROBERT F
Address: 13606 EAGLES WALK DRIVE
City-St-Zip: CLEARWATER, FL 33762

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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Address:
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 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: WILLIAM M BLACKSHEAR, JR

MGRM

01/23/2009

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