## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061030

Name:

Address:

City-St-Zip:

ERWIN, MICHAEL J

DELRAY BEACH, FL 33483

777 E. ATLANTIC AVENUE, STE. C2302

Entity Name: MICROZYME TECHNOLOGIES, LLC

FILED Mar 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 777 E. ATLANTIC AVENUE, STE. C2302 DELRAY BEACH, FL 33483 **Current Mailing Address: New Mailing Address:** 777 E. ATLANTIC AVENUE, STE. C2302 DELRAY BEACH, FL 33483 FEI Number: 20-5052109 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MORGO, CHRISTOPHER A 777 E. ATLANTIC AVENUE, STE. C2302 DELRAY BEACH, FL 33483 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MORGO, CHRISTOPHER A Name: Name: 777 E. ATLANTIC AVENUE, STE. C2302 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MORGO, MICHAEL S Name: Address: 777 E. ATLANTIC AVENUE. STE. C2302 Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEMIRE, JEFFREY R Name: Name: 777 E. ATLANTIC AVENUE, STE. C2302 Address: Address: City-St-Zip: DELRAY BEACH, FL 33483 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER A. MORGO MGRM 03/20/2007