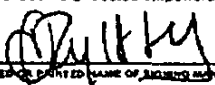


FILED
Feb 14, 2007 8:00 am
Secretary of State

01-19-2007 90064 004 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

1/1

DOCUMENT # L06000061561					
1. Entity Name AKRON BIOTECHNOLOGY, LLC					
Principal Place of Business 7700 CONGRESS AVENUE STE 1106 BOCA RATON, FL 33487			Mailing Address 7700 CONGRESS AVENUE STE 1106 BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5056014	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent PASCUZZI, DAVID J ESQ. SCHWARTZ & HORWITZ, PLC 8751 NORTH FEDERAL HIGHWAY, STE. 400 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent	
Name				City	
Street Address (P.O. Box Number is Not Acceptable)				Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.				DATE	
SIGNATURE				DATE	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	TITLE	NAME	STREET ADDRESS
	MGRM	7700 CONGRESS AVENUE, STE. 1106			
	ZYLBERBERG, CLAUDIA	BOCA RATON, FL 33487			
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: 			01/16/07 SE-929-36SS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		

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