

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063292

Entity Name: TEKNO-MED, L.L.C.

FILED  
Apr 23, 2007  
Secretary of State

**Current Principal Place of Business:**

251 CRANDON BLVD., APT. 423  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

251 CRANDON BLVD., APT. 423  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

FEI Number: 64-0957968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FERNANDO J. PORTUONDO, P.A.  
2121 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

GEMAN LOZANO  
251 CRANDON BLVD.  
APT. 423  
KEY BISCAYNE, FL 33149 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: GERMAN LOZANO

04/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOZANO, GERMAN  
Address: 251 CRANDON BLVD., APT. 423  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM ( ) Delete  
Name: LOZANO, REBECA  
Address: 251 CRANDON BLVD., APT. 423  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
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: GERMAN LOZANO

MGRM

04/23/2007

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