


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90074 036 ****55.00

DOCUMENT # L06000108583 1. Entity Name LBT26 BIO GROUP LLC					
Principal Place of Business 743 KEENELAND PIKE LAKE MARY, 32746			Mailing Address 743 KEENELAND PIKE LAKE MARY, FL 32746		
2. Principal Place of Business - No P.O. Box # 8475 NW 60TH AVE Suite, Apt. #, etc. QUICK REED		3. Mailing Address 8475 NW 60TH AVE Suite, Apt. #, etc.			
City & State OCALA, FL		City & State OCALA, FL		4. FEI Number 20-5850744	
Zip 34482		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FILOSOFOS, T. ARGEROUS 743 KEENELAND PIKE LAKE MARY, FL 32746				7. Name and Address of New Registered Agent Name GABRIEL VASILE Street Address (P.O. Box Number is Not Acceptable) 8475 NW 60TH AVE City OCALA FL Zip Code 34482	
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. SIGNATURE GABRIEL VASILE <i>Lolal Vasil Vasile</i> 02/06/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 CITY-ST-ZIP	MGR FILOSOFOS, T. ARGEROUS 743 KEENELAND PIKE LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER GABRIEL VASILE 8475 NW 60TH AVE. OCALA, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Lolal Vasil Vasile</i> 02/06/07 6782005202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					