

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033795

Entity Name: TECHNO-DERM, L.L.C.

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

444 BRICKELL AVENUE
SUITE 51-425
MIAMI, FL 33131

New Principal Place of Business:

10800 BISCAYNE BLVD
SUITE 850
MIAMI, FL 33161

Current Mailing Address:

444 BRICKELL AVENUE
SUITE 51-425
MIAMI, FL 33131

New Mailing Address:

10800 BISCAYNE BLVD
SUITE 850
MIAMI, FL 33161

FEI Number: 20-8734964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIVIES, PATRICK
700 E. DANIA BEACH BLVD
SUITE 202
DANIA, FL 33004 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: BARTHE, FREDERIC
Address: 444 BRICKELL AVENUE, SUITE 51-425
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: VAN WELDEN, MICHEL
Address: 444 BRICKELL AVENUE, SUITE 51-425
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARTHE, FREDERIC
Address: 10800 BISCAYNE BLVD #850
City-St-Zip: MIAMI, FL 33161

Title: MGR (X) Change () Addition
Name: VAN WELDEN, MICHEL
Address: 10800 BISCAYNE BLVD #850
City-St-Zip: MIAMI, FL 33161

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: FREDERIC BARTHE

MGR

01/17/2008

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