

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061805

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: PHOTOTHERAPEUTICS, LLC

**Current Principal Place of Business:**

200 SOUTH HAMPTON DRIVE  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOUTH HAMPTON DRIVE  
JUPITER, FL 33458

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

PONCY, RICHARD P  
200 SOUTH HAMPTON DRIVE  
JUPITER, FL 33458 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: PONCY, RICHARD P  
Address: 200 SOUTH HAMPTON DRIVE  
City-St-Zip: JUPITER, FL 33458

Title: MGRM ( ) Delete  
Name: PONCY, MARK P  
Address: 1117 MARINE WAY  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM ( ) Delete  
Name: ROY, WILL  
Address: 10101 S.E. ROYAL TERN WAY  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: RICHARD PONCY

MGR

04/25/2008

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