2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075196

Name:

Entity Name: REGENOCYTE THERAPEUTIC LLC

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2950 TAMIAMI TRAIL NORTH 801 LAUREL OAK DRIVE

SUITE 618 16

NAPLES, FL 34103 NAPLES, FL 34108

New Mailing Address: Current Mailing Address:

801 LAUREL OAK DRIVE 2950 TAMIAMI TRAIL NORTH SUITE 618

NAPLES, FL 34103 NAPLES, FL 34108 US

FEI Number: 26-0566362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KYRITSIS, ATHINA KYRITSIS, ATHINA 801 LAUREL OAK DRIVE 2950 TAMIAMI TRAIL NORTH SUITE 618 NAPLES, FL 34103 US NAPLES, FL 34108 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.

Name:

SIGNATURE: ATHINA KYRITSIS 04/28/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete

REGENOCYTE LLC, REGENOCYTE LLC, 801 LAUREL OAK DRIVE, SUITE 618 Address: 2950 TAMIAMI TRAIL NORTH, SUITE 16 Address:

City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34108 US

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: ATHINA KYRITSIS 04/28/2008