

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90202 040 ***138.75

DOCUMENT # L07000111517 1. Entity Name PROTEIN OPTIONS, LLC					
Principal Place of Business 323 10TH AVENUE W SUITE 102 PALMETTO, FL 34221			Mailing Address 323 10TH AVENUE W SUITE 102 PALMETTO, FL 34221		
2. Principal Place of Business - No P.O. Box 4823 Beacon Road Suite, Apt. #, etc.			3. Mailing Address 4823 Beacon Road Suite, Apt. #, etc.		
City & State Palmetto, FL Zip 34221		Country USA		4. FEI Number 20-0951550	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ROSE, ELLEN M 4823 BEACON ROAD PALMETTO, FL 34221			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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: <u>Ellen Rose</u> <u>Ellen Rose/Managing Director</u> <u>3/10/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSE, ELLEN M 4823 BEACON ROAD PALMETTO, FL 34221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, LINDA 1207 SENORITA COURT WESTMINSTER, MD 21157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, LINDA 1207 SENORITA COURT WESTMINSTER, MD 21157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, LINDA 1207 SENORITA COURT WESTMINSTER, MD 21157	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, LINDA 1207 SENORITA COURT WESTMINSTER, MD 21157	<input type="checkbox"/> Delete			
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: <u>Ellen Rose</u> <u>Ellen Rose/Managing Director</u> <u>3/10/08</u> <u>941-729-8109</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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