2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001914

1. Entity Name
ECOPHARM LLC

FILED
03 MAY -7 PM 12: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
ANNESLEY HOUSE, RECTORY RD. N. FAMBRIDGE CHELMSFORD, ESSEX, UK	1591 E. ATLANTIC BLVD., SUITE 200 POMPANO BEACH, FL 33060

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
360 South Shore Drive		12260 Willow Grove Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Bldg. #2	
City & State: Sarasota, FL		City & State: Camden, DE	
Zip: 34234	Country: USA	Zip: 19934	Country: USA

4. FEI Number — ☐ Applied For — X Not Applicable

5. Certificate of Status Desired ☐ — **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYNER, MARK R 39 PUSHKINSKA STR. #6 KIEV, UKRAINE,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900018316029 05/07/03--01002--012 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKSON, ANDREW 12 LESYA UKRAINK BLVAD. #37 KIEV, UKRAINE,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark Rayner — 4/28/2003 — 302-698 0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #