## 2001 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

	Ottil Olim Boo	IIILOO IILI	7111	OBRI	_						
DOCUMENT # L9900006949  1. Entity Name						FILED					
BIOLIFE, L.L.C.					01 JUL 10 PM 4: 46						
Principal Place of Business Mailing Address  1235 TALLEVAST ROAD 1235 TALLEVAST ROAD SARASOTA FL 34243 SARASOTA FL 34243			•		SECRETARY OF STATE TALLAHASSEE, FLORIDA						
						1 18011813 BUT 18118 18114 88141 BOS	Il 80111 86111 83	i <b>n</b> 2011 <b>0</b> 18015	AIBIO IBII ITBI		
2. Principal P	lace of Business	3. Mailing Address			DO NOT WRITE IN THIS SPACE						
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE	E IN THIS SP	ACE	<b>610-0</b> 10	ł)	
City & State		City & State			4. FEIN	lumber 65-095914	7	<u> </u>	plied For t Applicable	}	
Zip	Country	Zip	Countr	у	5. Certif	icate of Status Desired		5.00 Add		7-	
	6. Name and Address of Current	Registered Agent			7. Name	and Address of New Re				1	
		,		Name						}	
REDING, JAMES W 1235 TALLEVAST ROAD SARASOTA FL 34243				Street Address (P.O. Box Number is Not Acceptable)							
34	INAGUIA FL 34243		1	City				Zip Code			
				City			<u>FL</u>	Zip Cou		1	
8. The above	named entity submits this statement for	or the purpose of changing it	ts registered	d office or registe	ered agent,	or both, in the State of Flor	ida.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent					d when reinstati	200	DATE				
	Signature, typed of printed frame of registered agent			EE IS \$50.00	e whom remistate	(B)	DAIL			┧ .	
		Make Check P	ayable to	Department of	of State						
			By Septem	ber 26, 2001			_				
9.	MANAGING MEMBI	<del></del>	10.			ADDITIONS/0		7.05	- Addition	┤╒	
TITLE NAME	PCEO REDING, JAMES	☐ Delete	TITLE NAME	* }				Change	Addition	CR2E083 (5/01)	
STREET ADDRESS	2074 20TH ST.			ADDRESS		90000	<b>137.</b> 3	11194	1—— -013	83	
CITY-ST-ZIP	SARASOTA FL 34234		CITY-S			****	*5 <del>0.00</del> ,	- <del>****</del>	<u>*\$0, 90</u>	流	
TITLE NAME	MGRM PATTERSON, JAMES	☐ Delete	TITLE NAME	- 14 miles	التعميدي ال		l	Change	☐ Addition	0	
STREET ADDRESS	2074 20TH ST.	, v (	STREET	ADDRESS						1	
CITY-SI-ZIP	SARASOTA FL 34234	<u></u>	CITY-S	ST-ZIP				 ] Change	□ Addata T	<u>.</u>	
TITLE 1 NAME_	MGRM Entenman, Charles	☐ Delete	TITLE NAME	İ			L	change	☐ Addition		
STREE# ADDRESS	68 MAPLE AVE.			ADDRESS		1				1	
CITY-ST-ZIP	BAYSHORE NY 11706 MGRM	□ Delete	CITY-S	11-214	<del></del> .		<del></del>	Change	Addition	4	
NAME	THOMPSON, JOHN	D Delete	NAME					T Autrido			
STREET ADDRESS CITY-ST-ZIP	68 MAPLE AVE.		STREET City-s	ADDRESS							
TITLE	BAYSHORE NY 11706	Delete	TITLE	11-211				1 Change	☐ Addition	-	
NAME			NAME	Ì			•				
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP						1	
TITLE		☐ Delete	TITLE			<del></del>	[	Change	Addition	1	
NAME STREET ADDRESS			NAME	ADDRESS							
CITY-ST-ZIP			CITY-S	ADDRESS IT-ZIP							
11. I hereby of indicated limited lia	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	n this filing does not qualify for I that my signature shall have e empowered to execute this	or the exeme	ption stated in Selegal affect as if required by Chan	ection 119.0 made under oter 608. Fin	07(3)(i), Florida Statutes. I i r oath; that I am a managi rida Statutes.	urther certifying member	that the ir or manage	nformation or of the		
SIGNATURE: SIGNATURE RIANDIA 6-26-01 94/360-1300											
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Date  Daytime Priorie #											