2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State
03-20-2002 90009 008 ****50.00

DOCUMENT # L99000006949

1. Entity Name
BIOLIFE, L.L.C.

Principal Place of Business	Mailing Address
1235 TALLEVAST ROAD SARASOTA FL 34243	1235 TALLEVAST ROAD SARASOTA FL 34243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0959147 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REDING, JAMES W 1235 TALLEVAST ROAD SARASOTA FL 34243	Name: GOODMAN, DOUGLAS R. Street Address (P.O. Box Number is Not Acceptable): 1235 TALLEVAST ROAD City: SARASOTA FL Zip Code: 34243

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.

SIGNATURE: X [signature] 3/6/02
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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO REDING, JAMES 2074 20TH ST. SARASOTA FL 34234	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO GOODMAN, DOUGLAS R. 1235 TALLEVAST ROAD SARASOTA, FL 34243	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PATTERSON, JAMES 2074 20TH ST. SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX 1235 TALLEVAST ROAD SARASOTA, FL 34243	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ENTENMAN, CHARLES 68 MAPLE AVE. BAYSHORE NY 11706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THOMPSON, JOHN 68 MAPLE AVE. BAYSHORE NY 11706	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/01)

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: X [signature] 3/6/02 941.360.1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #