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Secretary of State
02-27-2004 90196 019 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

GOODMAN, DOUGLAS R
1235 TALLEVAST ROAD
SARASOTA, FL 34243

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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: Douglas R Goodman Charles Entenman 3/24/04
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

3/18/04

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	PATTERSON, JAMES
STREET ADDRESS	1235 TALLEVAST ROAD
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	MGRM
NAME	ENTENMAN, CHARLES
STREET ADDRESS	68 MAPLE AVE.
CITY-ST-ZIP	BAYSHORE, NY 11706
TITLE	MGRM
NAME	THOMPSON, JOHN
STREET ADDRESS	68 MAPLE AVE.
CITY-ST-ZIP	BAYSHORE, NY 11706
TITLE	P
NAME	GOODMAN, DOUGLAS R
STREET ADDRESS	1235 TALLEVAST ROAD
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Charles Entenman 4/6/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #