

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001983

FILED  
Feb 23, 2005  
Secretary of State

Entity Name: CELLXION, LLC

**Current Principal Place of Business:**

5031 HAZEL JONES RD.  
BOSSIER CITY, LA 71111

**New Principal Place of Business:**

**Current Mailing Address:**

5031 HAZEL JONES RD.  
BOSSIER CITY, LA 71111

**New Mailing Address:**

FEI Number: 72-1333762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCHOONOVER, STEVEN L  
24 SCHOONS WAY  
SANTA ROSA BEACH, FL 32459 US

**Name and Address of New Registered Agent:**

SCHOONOVER, RICHARD W  
24 SCHOONS WAY  
SANTA ROSA BEACH, FL 32459 US

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: STEVEN L. SCHOONOVER

02/23/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SCHOONOVER, STEVEN L  
Address: 937 COUNTY CLUB CIR  
City-St-Zip: MINDEN, LA 71055

Title: MGRM ( ) Delete  
Name: SCHOONOVER INVESTMEN, TS LP  
Address: 937 COUNTRY CLUB CIR  
City-St-Zip: MINDEN, LA 71055

Title: MGRM ( ) Delete  
Name: BENT TREE INTERESTS,, LLC  
Address: 370 BENT TREE LANE  
City-St-Zip: MINDEN, LA 71055

Title: MGRM ( ) Delete  
Name: TODD INVESTMENTS, LL, C  
Address: 5759 BAYOU DRIVE  
City-St-Zip: BOSSIER CITY, LA 71112

Title: MGRM ( ) Delete  
Name: FREDRICKSON HOLDINGS, LLC  
Address: 8500 N. HARRAH  
City-St-Zip: HARRAH, OK 73045

Title: MGRM ( ) Delete  
Name: HOOD, JEFFREY  
Address: 6337 SOUTHCREST DR  
City-St-Zip: SHREVEPORT, LA 71119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN L. SCHOONOVER

MGR

02/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date