2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2003
Secretary of State

DOCUMENT# M02000001355

Entity Name: LEGACY FOR LIFE LLC

Current Principal Place of Business:

3521 SILVERSIDE ROAD
WILMINGTON, DE 19810

New Principal Place of Business:

2725 CENTER PLACE
MELBOURNE, FL 32940 US

Current Mailing Address:

3521 SILVERSIDE ROAD
WILMINGTON, DE 19810

New Mailing Address:

2725 CENTER PLACE
MELBOURNE, FL 32940 US

FEI Number: 51-0411033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

KEUTHAN, JR., CHARLES J
2725 CENTER PLACE
MELBOURNE, FL 32940 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: CHARLES J. KEUTHAN, JR., 03/21/2003
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: ARKION LIFE SCIENCES, LLC
Address: 3521 SILVERSIDE ROAD
City-St-Zip: WILMINGTON, DE 19810

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PIERSALL, JEFFREY C
Address: 780 AUTUMN GLEN DR.
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGR ( ) Change (X) Addition
Name: CRAMP, ROBIN
Address: 370 MOSSWOOD BLVD.
City-St-Zip: INDIALANTIC, FL 32903 US

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: JEFFREY C. PIERSALL MGR 03/21/2003
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date