

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000545

Entity Name: NATURIZE BIOSCIENCES LLC

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

11737 CENTRAL PKWY, STE A
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

11737 CENTRAL PKWY, STE A
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-0598875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, PAUL C
11737 CENTRAL PKWY, STE A
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

MCMAHON, THOMAS G
11737 CENTRAL PKWY, STE A
JACKSONVILLE, FL 32224 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: THOMAS G MCMAHON

04/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BIOSCIENCES HOLDINGS, LLC
Address: 11737 CENTRAL PKWY, STE A
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR () Delete
Name: THE CLOROX OUTDOOR P, RODUCTS COMPAN Y
Address: 1221 BROADWAY
City-St-Zip: OKLAND, CA 94612

ADDITIONS/CHANGES:

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: THOMAS G MCMAHON

CEO

04/15/2005

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