

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001837

Entity Name: BIOTEC FILMS LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

7455 ADAMS DR
TAMPA, FL 33616

New Principal Place of Business:

7455 ADAMO DR
TAMPA, FL 33616

Current Mailing Address:

5370 COLLEGE BLVD
SUITE 115
OVERLAND PARK, KS 66211

New Mailing Address:

FEI Number: 75-3149979 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 RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILSON, KYLE
Address: 5370 COLLEGE BLVD STE 115
City-St-Zip: OVERLAND PARK, KS 66211

Title: MGR () Delete
Name: KHOOP, HENRY
Address: 7455 ADAMS DR.
City-St-Zip: TAMPA, FL 33616

Title: MGR () Delete
Name: SHELDON, JOHN
Address: 7455 ADAMS DR
City-St-Zip: TAMPA, FL 33616

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: SHELDON, JOHN
Address: 7455 ADAMSO DR
City-St-Zip: TAMPA, FL 33616

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN SHELDON

MGR

04/30/2008

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