

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 03, 2007  
Secretary of State**

DOCUMENT# M06000004434

Entity Name: STERALON, LLC

**Current Principal Place of Business:**

201 VIA EMILIA  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

**Current Mailing Address:**

201 VIA EMILIA  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

FEI Number: 20-2134137      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SCHAINHOLZ, JAY  
201 VIA EMILIA  
PALM BEACH GARDENS, FL 33418      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: SCHAINHOLZ, JAY  
Address: 90 DAYTON AVENUE, BLDG 16C  
City-St-Zip: PASSAIC, NJ 07055

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

Title: MGRM      ( ) Delete  
Name: MEDIN CORPORATION,  
Address: 90 DAYTON AVENUE, BLDG 16C  
City-St-Zip: PASSAIC, NJ 07055

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

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: SCHAINHOLZ, JAY

MGRM

05/03/2007

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