## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M07000004553

Address:

City-St-Zip:

51 PONDVIEW DRIVE

MERRIMACK, NH 030544126

Entity Name: NEWLIFE SCIENCES, LLC

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	/IEW DRIVE .CK, NH 0305	44126		
Current Mailing Address:			New Mailing Address:	
	/IEW DRIVE CK, NH 0305	44126		
FEI Number	: 20-5908647	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	l Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:
500 WEST	AN SANTUCC FCYPRESS C ERDALE, FL	ŘEEK ROAD, SUITE 500		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:			
	Electron	nic Signature of Registered Age	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR ( MCLEAN, REA 51 PONDVIEW MERRIMACK, I	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR ( CROSSON, JO 51 PONDVIEW MERRIMACK, I	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR (X WEINSTOCK, 51 PONDVIEW MERRIMACK, I	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGR ( MARKHAM, JO	) Delete HN	Title: Name:	( ) Change ( ) Addition

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.

Address:

City-St-Zip:

SIGNATURE: READ MCLEAN MGR 01/07/2008