

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000501

FILED
Jan 09, 2004
Secretary of State

Entity Name: BIOAVAILABILITY SYSTEMS, L.L.C.

Current Principal Place of Business:

2210 S ATLANTIC AVE
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

2210 S ATLANTIC AVE
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 52-1987686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUNDIN, GLENN T ESQUIRE
653 BREVARD AVENUE
COCOA, FL 32922 US

Name and Address of New Registered Agent:

SUNDIN, GLENN T ESQUIRE
335 SOUTH PLUMOSA STREET
MERRITT ISLAND, FL 32952 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:

01/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BAUGHER, ROBERT A
Address: 180 PINELLAS LANE, SUITE 101
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM () Delete
Name: HARRIS, JAMES W
Address: 180 PINELLAS LANE, SUITE 101
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BAUGHER, ROBERT A
Address: 2210 SOUTH ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM (X) Change () Addition
Name: HARRIS, JAMES W
Address: 2210 SOUTH ATLANTIC AVENUE
City-St-Zip: COCOA BEACH, FL 32931

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: ROBERT A. BAUGHER

MRGM

01/09/2004

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