

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082221

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: E5 PHARMA, LLC

**Current Principal Place of Business:**

3550 NW 126TH AVENUE  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

3550 NW 126TH AVENUE  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 26-0875196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

EDWARDS, ROBERT J JR  
3550 NW 126TH AVENUE  
CORAL SPRINGS, FL 33065 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: D ( ) Delete  
Name: EDWARDS, ROBERT J JR  
Address: 7431 W CYPRESS HEAD DR  
City-St-Zip: PARKLAND, FL 33067

Title: D ( ) Delete  
Name: KRAEMAR, MARK  
Address: 2651 FOREST CIR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: WESTON, STEVEN  
Address: 6289 NW 62ND TER  
City-St-Zip: PARKLAND, FL 33067

**ADDITIONS/CHANGES:**

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

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 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: ROBERT J EDWARDS JR

CEO

02/05/2009

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