

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098813

FILED
Feb 14, 2008
Secretary of State

Entity Name: NAVARRO DISCOUNT PHARMACIES NO. 27, LLC

Current Principal Place of Business:

1601 WEST FLAGLER STREET
MIAMI, FL 33135

New Principal Place of Business:

Current Mailing Address:

9400 NW 104 STREET
MEDLEY, FL 33178

New Mailing Address:

FEI Number: 45-0575652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICO, MARTIN
9400 NW 104 STREET
MEDLEY, FL 33178 US

Name and Address of New Registered Agent:

NAVARRO DISCOUNT PHARMACIES, LLC
9400 NW 104 STREET
MEDLEY, FL 33178 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: NAVARRO DISCOUNT PHARMACIES, LLC

02/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NAVARRO, JOSE F
Address: 1601 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: MGR (X) Delete
Name: NAVARRO, GABRIEL
Address: 1601 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: MGR (X) Delete
Name: FERNANDEZ, MIGUEL B
Address: 1601 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: MGR (X) Delete
Name: CABRERA, MARCIO
Address: 1601 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: MGR (X) Delete
Name: SLADRIGAS, CARLOS
Address: 1601 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

Title: PT (X) Delete
Name: NAVARRO, GABRIEL L
Address: 1601 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: NAVARRO DISCOUNT PHA, RMACIES, LLC
Address: 9400 NW 104TH STREET
City-St-Zip: MEDLEY, FL 33178

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

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

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: CARMEN GUTIERREZ

S

02/14/2008

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