2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000002764

1. Entity Name
NBTY MANUFACTURING, LLC

Principal Place of Business	Mailing Address
5115 E. LA PALMA AVENUE ANAHEIM, CA 92807	90 ORVILLE DRIVE BOHEMIA, NY 11716

01232007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3602075
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 100000061200?
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 02/02/07-80089-019 150.00

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KAMIL, HARVEY
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	S
NAME	FLAHERTY, JAMES P
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	MGRM
NAME	SLADE, MICHAEL C
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	PRES
NAME	PARKHIDEH, DAN
STREET ADDRESS	90 ORVILLE DRIVE
CITY-ST-ZIP	BOHEMIA, NY 11716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ Managing Member 1/24/07 631-244-200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #