

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004366

FILED
Mar 26, 2009
Secretary of State

Entity Name: AEROPHARM TECHNOLOGY, LLC

Current Principal Place of Business:

100 ABBOTT PARK ROAD
ABBOTT PARK, IL 600646057

New Principal Place of Business:

Current Mailing Address:

100 ABBOTT PARK ROAD
ABBOTT PARK, IL 600646057

New Mailing Address:

100 ABBOTT PARK ROAD
D0367 / AP6D
ABBOTT PARK, IL 600646057

FEI Number: 22-3242597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: FREYMAN, THOMAS C
Address: 100 ABBOTT PARK ROAD
City-St-Zip: ABBOTT PARK, IL 600646057

Title: MGR () Delete
Name: KOS PHARMACEUTICALS, INC
Address: 100 ABBOTT PARK RD.
City-St-Zip: ABBOTT PARK, IL 60064

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: MUNZ, CHADWICK
Address: 100 ABBOTT PARK RD
City-St-Zip: ABBOTT PARK, IL 60064

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: CHADWICK MUNZ

MGR

03/26/2009

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