


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90152 024 ****55.00

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DOCUMENT # M05000006134					
1. Entity Name PHARMAVITE LLC					
Principal Place of Business 8510 BALBOA BLVD., SUITE 300 NORTHRIDGE, CA 91325		Mailing Address 8510 BALBOA BLVD., SUITE 300 NORTHRIDGE, CA 91325			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 43-1951087	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, BRENT		NAME	CONNIE BARRY	
STREET ADDRESS	8510 BALBOA BLVD., SUITE 300		STREET ADDRESS	8510 BALBOA BLVD., SUITE 300	
CITY-ST-ZIP	NORTHRIDGE, CA 91325		CITY-ST-ZIP	NORTHRIDGE, CA 91325	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SETTSU, HIROYOSHI		NAME		
STREET ADDRESS	8510 BALBOA BLVD., SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	NORTHRIDGE, CA 91325		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UCHIDE, SHUN		NAME		
STREET ADDRESS	ONE EMBARCADERO CENTER, SUITE 2020		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOSHIKAWA, HIROMI		NAME		
STREET ADDRESS	2240 RESEARCH BLVD.		STREET ADDRESS		
CITY-ST-ZIP	ROCKVILLE, MD 20850		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INAKA, HIROSHI		NAME		
STREET ADDRESS	ONE EMBARCADERO CENTER, SUITE 2020		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Connie Barry</u>			Date: <u>1/18/06</u> (818) 221-6200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		