

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000639

Entity Name: NOVEN THERAPEUTICS, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

11960 SW 144TH STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11960 SW 144TH STREET
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-1448251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

MIHM, JEFF
11960 S.W. 144 STREET
MIAMI, FL 33186 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: JEFF MIHM

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EISENBERG, JEFFREY F
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: PRICE, MICHAEL
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

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: BRANDT, PETER
Address: 11960 SW 144TH STREET
City-St-Zip: MIAMI, FL 33186

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: JEFF MIHM, AUTHORIZED REPRESENTATIVE

AR

01/14/2009

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