LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNII

FILED May 07, 2002 8:00 am Secretary of State

Daytime Phone #

2. Principal P 110 E Suite, Apt. 17th F City & State	loor	3. Mailing Address 110 E. Bro Suite Apt. #. etc. 17th Floor City & State Ft. Lauder Zip 33301	ward Bl dale, F Country Name	'L	4. FEI Number 65-10665 5. Certificate of S	DO NOT WRITE IN TI	6 1 2 6 HIS SPACE Applied For Not Applicable \$5.00 Additional
Suite, Apt. 17th F City & State Ft. La	Letc. Cloor Uderdale, FL Country DO NOT WI	Suite Apt. #. etc. 17th Floor City & State Ft. Lauder Zip 33301	dale, F Country Name	'L	65-10665 5. Certificate of S	557	Applied For Not Applicable
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			Stree	rwin	P. Simmo		And Agent
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			Sto	e. 40	00		
8. The above r	amed as the state of the state		Mi	ami		F	Zip Code 33131
	amed entity submits this statement for	ne purpose of changing its	registered office	or registere	d agent, or both, in	the State of Florida.	
SIGNATURE	ADE CO)		
	graded or printed name of registered agent and	Spire_Recovered to leasing these		September 1997	stricture and	DATE	
2		Make Cheek Pa	EE IS \$50.00				
			UE BY MAY 1		State		
9.	MANAGING MEMBERS	/MANAGERS				<u></u>	
TITLE	Member		TITLE				**************************************
0*************************************	Giant Pharmacy L	ŢC Ţ	NAME - STREET ADDRESS				
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 I hereby certify indicated on the 	that the information supplied with this f is report is true and accurate and that r company or the receiver or trustee emp	iling does not qualify for the	e exemption state	ed in Section	119.07(3)(i). Florida	a Statutes I further cort	tify that the information