2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# L01000004544

Entity Name: GUILLOT APOTHECARY, LLC

Current Principal Place of Business:

3115 W. BAY TO BAY BLVD.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

3115 W. BAY TO BAY BLVD.
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3705290 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADKE, HEATHER M
3115 W. BAY TO BAY BLVD.
TAMPA, FL 33629 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	RADKE, HEATHER M	
Address:	3115 S. BAY TO BAY BLVD.	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGR	( ) Delete
Name:	GRIFFIN, JONIQUE	
Address:	14107 BRIARTHORN DR.	
City-St-Zip:	TAMPA, FL 33625	
Title:	MGR	( ) Delete
Name:	ELKINS, JOAN	
Address:	4346 RADCLIFFE DR.	
City-St-Zip:	PALM HARBOR, FL 34685	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	GRIFFIN, JONIQUA	
Address:	14107 BRIARTHORN DR.	
City-St-Zip:	TAMPA, FL 33625	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JONIQUA GRIFFIN OWNE 04/29/2005

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