2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2006
Secretary of State

DOCUMENT# L01000010413

Entity Name: CC CITY PHARMACY, LLC

Current Principal Place of Business:

500 SE 15TH STREET
SUITE120
FT. LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

500 SE 15TH STREET
SUITE 120
FT. LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 65-1118418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMIRE, PAULO R
500 SE 15TH STREET
SUITE 120
FT LAUDERDALE, FL 33316 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: CAMIRE, PAULO
Address: 500 SE 15TH STREET, SUITE 120
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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 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: PAULO CAMIRE MGR 01/04/2006

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