

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000017693

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: NAVARRO DISCOUNT PHARMACIES NO. 14, LLC

**Current Principal Place of Business:**

18500 COLLINS AVE  
SUNNY ISLEAS BEACH, FL 33160 US

**New Principal Place of Business:**

18500 COLLINS AVE  
SUNNY ISLES BEACH, FL 33160 US

**Current Mailing Address:**

5959 N.W. 37TH AVENUE  
MIAMI, FL 33142

**New Mailing Address:**

9400 NW 104TH STREET  
MEDLEY, FL 33178

FEI Number: 65-1143461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAVARRO, MARCEL L DVPST  
5959 N.W. 37TH AVENUE  
MIAMI, FL 33142 US

**Name and Address of New Registered Agent:**

NAVARRO DISCOUNT PHARMACIES, LLC  
9400 NW 104TH STREET  
MEDLEY, FL 33178 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: NAVARRO DISCOUNT PHARMACIES, LLC

02/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NDP HOLDINGS, INC.,  
Address: 5959 N.W. 37TH AVENUE  
City-St-Zip: MIAMI, FL 33142

Title: MGR (X) Delete  
Name: NAVARRO, JOSE F  
Address: 5959 NW 37 AVE  
City-St-Zip: MIAMI, FL 33142 US

Title: MGR (X) Delete  
Name: NAVARRO, LUIS G  
Address: 5959 NW 37 AVE  
City-St-Zip: MIAMI, FL 33142 US

Title: MGR (X) Delete  
Name: NAVARRO, GABRIEL L  
Address: 5959 NW 37 AVE  
City-St-Zip: MIAMI, FL 33142

Title: MGR (X) Delete  
Name: NAVARRO, MARCEL L  
Address: 5959 NW 37 AVE  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NAVARRO DISCOUNT PHA, RMACIES, LLC  
Address: 9400 NW 104TH STREET  
City-St-Zip: MEDLEY, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NAVARRO DISCOUNT PHARMACIES, LLC

MGR

02/20/2008

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