


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000002572		
1. Entity Name MODERN PHARMACY, LLC		

Principal Place of Business C/O BETTY ROSENBAUM 123 ALTON RD MIAMI BEACH, FL 33139	Mailing Address C/O BETTY ROSENBAUM 123 ALTON RD MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # 755 1st street	3. Mailing Address 755 1st street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami Beach Florida	City & State Miami Beach Florida
Zip 33140	Zip 33140
Country USA	Country USA

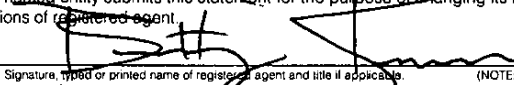
6. Name and Address of Current Registered Agent ROSENBAUM, MICHAEL J ESQ C/O FLSD LLP, 201 ALHAMBRA CIRCLE SUITE 601 CORAL GABLES, FL 33134	
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01072008 Chg-LLC CR2E083 (12/06)

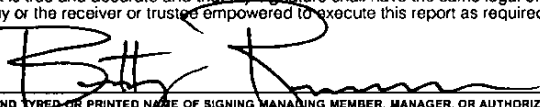
4. FEI Number 90-0007861	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name Rosenbaum International Law Firm, PA Street Address (P.O. Box Number is Not Acceptable) c/o Betty Rosenbaum 755 1st street City Miami Beach FL Zip Code 33140	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1/7/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENBAUM, MICHAEL 3400 CORAL WAY #608 MIAMI, FL 331453053 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Age Rosenbaum, Betty 755 1st street Miami Beach, Florida 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	DATE 1/7/08 305-333-5308

FILED
08 JAN 17 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA