## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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ANNUAL REPORT				_	FILED	
DOCUMENT # L02000002572						
1. Entity Nam MODERN	N PHARMACY, LLC			08 JAN 17 AM 10: 21		
			TOO WE THE	SECRE TALLAR	TARY OF STATE ASSEE, FLORIDA	
Principal Plac C/O BETTY R		Mailing Address C/O BETTY ROSENBAUM	A	W.ZEAN)	ASSEE, FLORIDA	
123 ALTON	RD H, FL 33139	123 ALTON RD MIAMI BEACH, FL 3313				
	,					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 755 Alstreet			18111   18111   80110   11811   12311   1818   11881   141   1801	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072008 Chg-LLC	CR2E083 (12/06)	
City & Stat		City & State	1-2-1	4. FEI Number	Applied For	
TE A HO	Country Country	Zip Zip	Country A	90-0007861	Not Applicable  55.00 Additional	
<u> 331.</u>	6. Name and Address of Current	33.V40	USH	Certificate of Status Desired     Name and Address of New	Fee Required	
	t. Name and Address of Current	Kagisterad Agent	Name		1) I DV	
ROSENBAUM, MICHAEL J ESQ C/O FLSD LLP, 201 ALHAMBRA CIRCLE Street Address (P.O. Box Number is Not Acceptable)						
SUITE 601						
COIVALO	ADELO, 1 E 30104		City -	-Ashact	FL Zip Code	
8. The above	named entity submits this statement fo	r the purpose of changing its	registered of the principle	ered agent, or both, in the State of	LF   33/40	
the obligat	tions of repletered agent.				Jala	
SIGNATURE	Signature, typed or printed name of registeral agent of	and title if applicable. (NOTE	: Registered Agent signature requir	red when reinstating)	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						
9.	MANAGING MEMBE	RS/MANAGERS /	10.	ADDITION	IS/CHANGES	
TITLE NAME	MGRM ROSENBAUM, MICHAEL	Delete	TITLE NAME	e about Rall	Change	
STREET ADDRESS	3400 CORAL WAY #608		STREET ADDRESS	senbaum, Dette		
CITY-ST-ZIP	MIAMI, FL 331453053	☐ Delete	CITY-ST-ZIP	in Besch	Change Addition	
NAME		□ Delete	NAME		_ overige _ verifical	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	<b>40011</b> 5 01/17/080100	338054	
CITY-ST-ZIP			CITY-ST-ZIP	01\11\090100	1013 **3663.75	
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		☐ Change ☐ Addition	
NAME		Otice	NAME		Li orango Li rudiliuli	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME \$TREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
11. I hereby indicated	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or trusted	this filing does not qualify for that my signature shall have t	the exemptions containe he same legal effect as if	d in Chapter 119, Florida Statutes. made under oath; that I am a mar	I further certify that the information naging member or manager of the	
limited lia	ibility company or the receiver or trusted	empowered to execute this r	report as required by Cha	pter 608, Florida Statutes.	1	
SIGNAT	URE: #5#	- 1		1/7/0	8 305-333-5308	
SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #						