


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000032529</b> 1. Entity Name HOME PHARMACY SOLUTIONS, L.L.C.	
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Principal Place of Business 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112	Mailing Address 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112
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**DO NOT WRITE IN THIS SPACE**



04112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0046874	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BUTLER, WILLIAM E  
1125 NORTH SUMMIT STREET  
CRESCENT CITY, FL 32112

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUTLER, WILLIAM E 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KNIGHT, GARY 171 B SEMORIAN COMMERCE PL. SUITE 114 APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLETCHER, WARREN D 1125 N. SUMMIT ST. CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/12/06-80058-003 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:** William E. Butler William E. Butler 4/21/06 (386) 698-3737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #