## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L03000000092

1. Entity Name PHARMASEAL, LLC



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

3630 CONSUMER STREET, SUITE 101 RIVIERA BEACH, FL 33404 Mailing Address

3630 CONSUMER STREET, SUITE 101 RIVIERA BEACH, FL 33404



01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0488301 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSENKRANZ, HOWARD 3630 CONSUMER ST. #101 WEST PALM BEACH, FL 33404

SIGNATURE:

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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 Signature, typed or printed name of registered agent and title if epplicable. (NOTE. Registered Agent signature required when reinstating)  DATE			DATE
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSENKRANZ, HOWARD 3630 CONSUMER ST. #101 RIVIERA BEACH, FL 33404		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000549721 05/13/06-80029-021 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			