



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90029 043 ****50.00

DOCUMENT # L03000003677					
1. Entity Name PHARMA WORLDWIDE LC					
Principal Place of Business 100 N. BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33132 US			Mailing Address 100 N. BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33132 US		
2. Principal Place of Business 218 East Commercial Blvd. Suite, Apt. #, etc. J101		3. Mailing Address Suite, Apt. #, etc. City & State Ft, Lauderdale by the Sea, FL			
City & State Ft, Lauderdale by the Sea, FL		City & State Zip Country		4. FEI Number 03-0507337	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BAUR, THOMAS ESQ. 100 N. BISCAYNE BLVD. SUITE 2100 MIAMI, FL 33132			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUELLER, GERHARD 100 N. BISCAYNE BLVD, SUITE 2100 MIAMI, FL 33132	<input type="checkbox"/> Delete			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		2/18/04		305-377-3561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	