

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-30-2004 90073 040 ****50.00

DOCUMENT # L03000026487					
1. Entity Name AIRPORT PHARMACY, LLC					
Principal Place of Business 1030 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32114			Mailing Address 1030 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32114		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04292004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 55-0840075				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TOWER, DEVIN 1030 W. INTERNATIONAL SPEEDWAY BLVD. DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: _____			4/29/04 386-238-3600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

Attachment
34007095

Airport Pharmacy, LLC

Doc # L03000026487

Fed ID #55-0840075

MRGM

Devin Tower

1030 West International Speedway Blvd.

Daytona Beach, FL 32114

MGRM

Charles S. Lichtigman

1030 West International Speedway Blvd.

Daytona Beach, FL 32114

MGRM

Jon Rose

2300 Maitland Center Parkway, Suite 306

Maitland, FL 32751