


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000026487 1. Entity Name AIRPORT PHARMACY, LLC	
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Principal Place of Business 444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118
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01182007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0840075	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LICHTIGMAN, CHARLES S 444 SEABREEZE BLVD STE 1000 DAYTONA BEACH, FL 32118

**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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LICHTIGMAN, CHARLES 444 SEABREEZE BLVD, STE 1000 DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSE, JON 2300 MAITLAND CTR. PKWY, STE 306 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/15/07-80109-015 50.00

**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 606, Florida Statutes.

SIGNATURE: Charles S. Lichtigman **4/25/07 386-238-3600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #