

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000032135

Entity Name: MEDIVATIONS, LLC

FILED
Apr 28, 2007
Secretary of State

Current Principal Place of Business:

9517 SPRING BLOSSOM CT
AMELIA ISLAND, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16480
AMELIA ISLAND, FL 32035 US

New Mailing Address:

FEI Number: 03-0593393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETA-1 MANAGEMENT, INC.
9517 SPRING BLOSSOM CT.
AMELIA ISLAND, FL 32034 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAPPHIRE ADVISORS, L, LC
Address: 200 WEST 57TH ST. SUITE 203
City-St-Zip: NEW YORK, NY 10019 US

Title: MGRM () Delete
Name: BETA-1 MANAGEMENT, I, NC
Address: 9517 SPRING BLOSSOM CT
City-St-Zip: AMELIA ISLAND, FL 32034 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAYMOND CHAUNCEY

MGRM

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date