

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90158 029 ****50.00

DOCUMENT # L04000046101

1. Entity Name
CARDON PHARMACEUTICALS USA, LLC



Principal Place of Business
**2033 TRADE CENTER WAY
SUITE #4
NAPLES, FL 34109**

Mailing Address
**2033 TRADE CENTER WAY
SUITE #4
NAPLES, FL 34109**

2. Principal Place of Business
**425 W. COLONIAL DR
Suite, Apt. #, etc.
204**

3. Mailing Address
(SAME)
Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State

01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number
34-2000390

Applied For
Not Applicable

Zip Country
32804 USA

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, ROY A
2033 TRADE CENTER WAY
SUITE #4
NAPLES, FL 34109**

7. Name and Address of New Registered Agent

Name **JONATHAN D. WOODS, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
Scimper Woods, P.A.
425 W. COLONIAL DR. #204
City **ORLANDO** FL Zip Code **32804**

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 **JONATHAN D. WOODS** **1/31/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 4, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **SMITH, ROY A**
STREET ADDRESS **2033 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **MGR** ☒ Delete
NAME **SMITH, KEN J**
STREET ADDRESS **2033 TRADE CENTER WAY**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MANAGER-MEMBER**
NAME **CHRIS CARDON**
STREET ADDRESS **425 W. COLONIAL DR. #204**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☒ Addition
NAME **MANAGER-MEMBER**
NAME **JEROEN BASTIANS**
STREET ADDRESS **425 W. COLONIAL DR. #204**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: CHRIS CARDON, MANAGER

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

Date

Daytime Phone #