


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90027 035 \*\*\*\*50.00

DOCUMENT # L04000046120

1. Entity Name  
**VILLAGES PHARMACY LLC**



Principal Place of Business      Mailing Address

912 W. MAUD STREET      912 W. MAUD STREET  
 TAVARES, FL 32778 US      TAVARES, FL 32778 US

**40013410**

2. Principal Place of Business      3. Mailing Address

906 Avenida Central PO Box 67  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



City & State      City & State

The Villages FL      Lady Lake FL

Zip      Country      Zip      Country

32159      Lake      32158      Lake

01252005    Chg-LLC    CR2E083 (10/03)

6. Name and Address of Current Registered Agent

HARRISON, PATTI M  
 912 W. MAUD STREET  
 TAVARES, FL 32778

4. FEI Number      Applied For

Not Applicable

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

7. Name and Address of New Registered Agent

Name: **Patti M Harrison**

Street Address (P.O. Box Number is Not Acceptable):  
**906 Avenida Central**

City: **The Villages**      FL      Zip Code: **32159**

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: **Patti M. Harrison**      DATE: **3/4/05**

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 1, 2005**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEYMOUR, PATTI M 912 W. MAUD STREET TAVARES, FL 32778 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Harrison, Patti M 906 Avenida Central The Villages Fla 32159 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Patti M. Harrison**      Date: **3/4/05**      Daytime Phone #: **(352) 308-6292**

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