

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 24, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000046120



1. Entity Name
VILLAGES PHARMACY LLC

Principal Place of Business
906 AVENIDA CENTRAL
THE VILLAGES, FL 32159 US

Mailing Address
PO BOX 67
LADY LAKE, FL 32158 US



07202006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, PATTI M
906 AVENIDA CENTRAL
THE VILLAGES, FL 32159

**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: *Patti Harrison*

7/20/06

Signature, Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

U00000571811
07/25/06-80003-009 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISON, PATTI M 906 AVENIDA CENTRAL THE VILLAGES, FL 32159
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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 608, Florida Statutes.

SIGNATURE: *Patti Harrison*

7/20/06 (352) 751-6895