


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90014 040 \*\*\*\*50.00

|  |  |         |  |   |  |
|--|--|---------|--|---|--|
| <b>DOCUMENT # L04000065444</b><br>1. Entity Name<br><b>BARRY STEIGER PHARMACEUTICAL R&amp;D CONSULTING, LLC</b>  |  |         |  |                                  |  |
| Principal Place of Business<br><b>11445 PERICO ISLAND CIRCLE<br/>BRADENTON, FL 34209</b>   |  |         | Mailing Address<br><b>46 N. WASHINGTON BLVD. #1<br/>SARASOTA, FL 34236</b> |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                              |   |  |
| City & State   |  |         | City & State   |   |  |
| Zip  |  | Country |  | Zip   |  |
| Country  |  | Country |  | 4. FEI Number<br><b>NOT APPLICABLE</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |         |  | <b>\$5.00</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LPS CORPORATE SERVICES, INC.<br/>46 N. WASHINGTON BLVD. #1<br/>SARASOTA, FL 34236</b>  |  |         |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.  |  |         |  | FL Zip Code   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |         |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |         |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |
| <b>9. MANAGING MEMBERS / MANAGERS</b>  |  |         | <b>10. ADDITIONS / CHANGES</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>MGRM<br/>STEIGER, BARRY<br/>11445 PERICO ISLAND CIR<br/>BRADENTON, FL 34209</b> <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |         | TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |  |         |  |   |  |
| <b>SIGNATURE:</b> <i>Barry Steiger</i> <b>BARRY STEIGER</b>  |  |         | (941) 761-0585<br>4/22/06  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE<br><b>BARRY STEIGER, MGRM</b>  |  |         |  |   |  |