

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077421

FILED  
May 30, 2006  
Secretary of State

Entity Name: JOHNSON'S PHARMACEUTICALS, LLC

## Current Principal Place of Business:

380 NW 48 PLACE  
MIAMI, FL 33126

## New Principal Place of Business:

11471 N.W. 34TH STREET  
DORAL, FL 33178

## Current Mailing Address:

380 NW 48 PLACE  
MIAMI, FL 33126

## New Mailing Address:

11471 N.W. 34TH STREET  
DORAL, FL 33178

FEI Number: 20-1792342      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

NUNEZ, SERGIO  
380 NW 48 PLACE  
MIAMI, FL 33126      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: MGR      ( ) Delete  
Name: NUNEZ, SERGIO  
Address: 380 NW 48 PLACE  
City-St-Zip: MIAMI, FL 33126

Title: MGR      ( ) Delete  
Name: MARTINEZ, VIVIAN  
Address: 380 NW 48 PLACE  
City-St-Zip: MIAMI, FL 33126

## 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 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: SN

MGR

05/30/2006

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