

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082816

Entity Name: PHARMAUSA, LLC

FILED  
Apr 10, 2006  
Secretary of State

## Current Principal Place of Business:

18791 NE LIVEOAK LANE  
BLOUNTSTOWN, FL 32424 US

## New Principal Place of Business:

3210 WHIRL A WAY TRAIL  
TALLAHASSEE, FL 32309 US

## Current Mailing Address:

18791 NE LIVEOAK LANE  
BLOUNTSTOWN, FL 32424 US

## New Mailing Address:

3210 WHIRL A WAY TRAIL  
TALLAHASSEE, FL 32309 US

FEI Number: 20-2126976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOLFKILL, LORNA G  
3210 WHIRL A WAY TRAIL  
TALLAHASSEE, FL 32309 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: MGRM ( ) Delete  
Name: WOLFKILL, LORNA G  
Address: 108 NORTH MARIE DRIVE  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGRM (X) Delete  
Name: BENNETT, CARL A  
Address: 18791 NE LIVEOAK LANE  
City-St-Zip: BLOUNTSTOWN, FL 32424 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WOLFKILL, LORNA G  
Address: 3210 WHIRL A WAY TRAIL  
City-St-Zip: TALLAHASSEE, FL 32309 US

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: LORNA G. WOLFKILL

MNGR

04/10/2006

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