

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084331

FILED  
May 09, 2005  
Secretary of State

Entity Name: MARKETING SERVICES, LLC

## Current Principal Place of Business:

5138 9TH AVE SOUTH  
GULFPORT, FL 33707 US

## New Principal Place of Business:

13176 N. DALE MABRY HIGHWAY  
SUITE 205  
TAMPA, FL 33618 US

## Current Mailing Address:

5138 9TH AVE SOUTH  
GULFPORT, FL 33707 US

## New Mailing Address:

13176 N. DALE MABRY HIGHWAY  
SUITE 205  
TAMPA, FL 33618 US

FEI Number: 20-1917155      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:

FLOWERS, MISTY J  
5138 9TH AVE SOUTH  
GULFPORT, FL 33707 US

## Name and Address of New Registered Agent:

ASTL, KEVIN D  
8001 N. DALE MABRY HIGHWAY  
SUITE 501-E  
TAMPA, FL 33614 US

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: KEVIN D. ASTL

05/09/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGMR ( ) Change (X) Addition  
Name: ONE PHARM SERVICES., LLC  
Address: ONE COMM. CTR. 1201 N. ORANGE ST. STE. 723  
City-St-Zip: WILMINGTON, DE 19801 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ONE PHARM SERVICES

MGMR

05/09/2005

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