
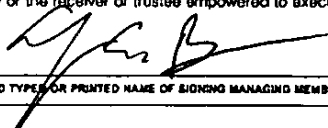


FILED
Jun 01, 2007 8:00 am
Secretary of State

05-08-2007 90116 036 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000033183		
1. Entity Name EXPRESS APOTHECARY, LLC		
Principal Place of Business 325 WEST OAK STREET KISSIMMEE, FL 34741-4421		Mailing Address 325 WEST OAK STREET KISSIMMEE, FL 34741-4421
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PRUITT, KECIN 325 W. OAK ST. KISSIMMEE, FL 34741		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM PRUITT, KEVIN 325 WEST OAK ST. ORLANDO, FL 32836	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM BLANCO, EFREN 325 WEST OAK ST. DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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: 		5/29/07 407-574-9462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #