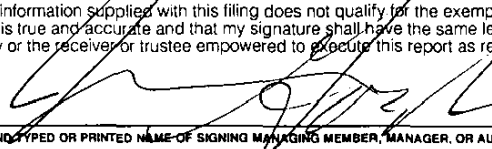


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90200 021 \*\*\*\*50.00

<b>DOCUMENT # L05000061263</b> 1. Entity Name <b>COURTYARD MEDICINALS, LLC</b>					
Principal Place of Business <b>2875 N.E. 191ST STREET, SUITE 400 AVENTURA, FL 33180</b>			Mailing Address <b>2875 N.E. 191ST STREET, SUITE 400 AVENTURA, FL 33180</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-4216026</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>STEARNS WEAVER MILLER WEISSLER ALHADEFF &amp; SITTERSON, P.A. 150 WEST FLAGLER ST., STE 2200 C/O RICHARD E. SCHATZ MIAMI, FL 33130</b>			7. Name and Address of New Registered Agent Name <b>Joan Papadakis</b> Street Address (P.O. Box Number is Not Acceptable) <b>2875 N.E. 191st Street</b> Suite <b>400</b> City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b>		
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 <b>Joan Papadakis</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>JOAN PAPADAKIS</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>1/9/06</b> <small>DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>managing member</b> <b>Jason Gordon</b> <b>2875 N.E. 191st St., Suite 400</b> <b>Aventura FL 33180</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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> 		<b>Jason Gordon</b>		<b>02-16-06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small> <b>305-370-7100</b>	