2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007
Secretary of State

DOCUMENT# L05000074922

Entity Name: TRICON PHARMACEUTICAL DEVELOPMENT SERVICES, LLC

Current Principal Place of Business:

6226 WILD ORCHID DRIVE
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

6226 WILD ORCHID DRIVE
LITHIA, FL 33547

New Mailing Address:

FEI Number: 20-3229397 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUCKER, DEBORAH
6226 WILD ORCHID DRIVE
LITHIA, FL 33547 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:	MRS.	( ) Delete
Name:	RUCKER, DEBORAH A VP	
Address:	6226 WILD ORCHID DRIVE	
City-St-Zip:	LITHIA, FL 33547 US	
Title:	MR.	( ) Delete
Name:	RUCKER, DAVID C PRES.	
Address:	6226 WILD ORCHID DRIVE	
City-St-Zip:	LITHIA, FL 33547 US	
Title:	MR.	( ) Delete
Name:	BOEH, RICHARD J VP	
Address:	1008 NEUSE RIDGE DRIVE	
City-St-Zip:	CLAYTON, NC 27520 US	
Title:	DR.	( ) Delete
Name:	ZACCARDELLI, DAVID S ADVISOR	
Address:	100 REGAL PINE COURT	
City-St-Zip:	CARY, NC 27511 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DEBORAH RUCKER VP 03/19/2007

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