2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L05000117575

Entity Name: GRIFOLS USA, LLC

Current Principal Place of Business:

2410 LILLYVALE AVENUE
LOS ANGELES, CA 90032

New Principal Place of Business:

Current Mailing Address:

2410 LILLYVALE AVENUE
LOS ANGELES, CA 90032

New Mailing Address:

FEI Number: 65-0606090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	GRIFOLS BIOLOGICALS INC.	
Address:	5555 VALLEY BOULEVARD	
City-St-Zip:	LOS ANGELES, CA 90032	
Title:	CHMN	( ) Delete
Name:	RICH, GREGORY G	
Address:	2410 LILLYVALE AVENUE	
City-St-Zip:	LOS ANGELES, CA 90032	
Title:	PRES	( ) Delete
Name:	STOPHER, BILL	
Address:	2410 LILLYVALE AVENUE	
City-St-Zip:	LOS ANGELES, CA 90032	
Title:	VP	( ) Delete
Name:	BELL, DAVID I	
Address:	2410 LILLYVALE AVENUE	
City-St-Zip:	LOS ANGELES, CA 90032	
Title:	DIR	( ) Delete
Name:	RICH, GREGORY G	
Address:	2410 LILLYVALE AVENUE	
City-St-Zip:	LOS ANGELES, CA 90032	
Title:	DIR	( ) Delete
Name:	BELL, DAVID I	
Address:	2410 LILLYVALE AVENUE	
City-St-Zip:	LOS ANGELES, CA 90032	

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:	
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 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: BILL STOPHER PRES 04/28/2009

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