

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087295

FILED
Jan 18, 2009
Secretary of State

Entity Name: UNITED THERAPY GROUP L.L.C.

Current Principal Place of Business:

19804 NE 22 LN
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

PO BOX 1073
WESTMINSTER, MD 21157

New Mailing Address:

19804 NE 22 LN
HAWTHORNE, FL 32640

FEI Number: 20-5565036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOTOW, DARREN
19804 NE 22 LN
HAWTHORNE, FL 32640 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: LOTOW, DARREN
Address: 19804 NE 22 LN
City-St-Zip: HAWTHORNE, FL 32640

Title: MGRM () Delete
Name: LOTOW, CATHERINE
Address: 19804 NE 22 LN
City-St-Zip: HAWTHORNE, FL 32640

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: SOMASUNDARAM, SOZHAVARMAN
Address: 10224 YALE AVE
City-St-Zip: BROOKSVILLE, FL 34613 US

Title: MGRM () Change (X) Addition
Name: NATARAJAN, KALPANA
Address: 10224 YALE AVE
City-St-Zip: BROOKSVILLE, FL 34613 US

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: DARREN LOTOW

MGRM

01/18/2009

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