

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002433

**FILED**  
**Feb 20, 2008**  
**Secretary of State**

**Entity Name:** NAVARRO DISCOUNT PHARMACIES NO. 2, LLC

**Current Principal Place of Business:**

3949 S.W. 8TH STREET  
MIAMI, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

9400 N.W. 104 STREET  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 59-2130901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PICO, MARTIN  
9400 N.W. 104 STREET  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

NAVARRO DISCOUNT PHARMACIES, LLC  
9400 N.W. 104 STREET  
MIAMI, FL 33178 US

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: NAVARRO DISCOUNT PHARMACIES, LLC

02/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: NAVARRO DISCOUNT PHA, RMACIES, LLC  
Address: 9400 NW 104TH STREET  
City-St-Zip: MEDLEY, FL 33178

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: NAVARRO DISCOUNT PHARMACIES, LLC

MGR

02/20/2008

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