2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110338

Entity Name: MASTERS PHARMACEUTICALS LLC

FILED Sep 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2275 SW 66TH TERRACE STE B **DAVIE, FL 33317 Current Mailing Address: New Mailing Address:** 2275 SW 66TH TERRACE STE B **DAVIE, FL 33317** FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RESCH, SHAWN WHITNEY, CYNTHIA M 2275 SW 66TH TERRACE 2275 SW 66TH TERRACE STE B STE B DAVIE, FL 33317 US DAVIE, FL 33317 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: CYNTHIA M. WHITNEY 09/24/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition MASTERS, ZULFIKAR Name: Name: Address: Address: 2275 SW 66TH TERRACE, SUITE B City-St-Zip: City-St-Zip: **DAVIE, FL 33317 US**

Title: Title: () Change (X) Addition () Delete

WHITNEY, CYNTHIA M Name: Name:

Address: Address: 2275 SW 66TH TERRACE, SUITE B

City-St-Zip: City-St-Zip: DAVIE, FL 33317 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: CYNTHIA M. WHITNEY 09/24/2008