

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122477

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: MZ PHARMA LLC

**Current Principal Place of Business:**

1001 BRICKELL BAY DRIVE, SUITE 2310  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1001 BRICKELL BAY DRIVE, SUITE 2310  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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: MGR ( ) Delete  
Name: JOSE ANTONIO OLIVARE, S  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: ERLIN ESTRADA,  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: ELISENDA PAREJA,  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: PIETRO GIOVANNI CORS, A  
Address: 520 BRICKELL KEY DRIVE, SUITE O-305  
City-St-Zip: MIAMI, FL 33131

**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 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: JOSE ANTONIO OLIVARES

MGR

02/03/2009

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