ANNUAL REPORT  1999  FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS  FILING FEE   Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						FILED 99 MAR 15 AM 10: 44					
\$ 188.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE  1. Name and Mailing Address of Limited Liability Company   DOCUMENT # L98000000434  AUROBINDO PHARMA LIMITED COMPANY 8333 LAKE DRIVE #L206 MIAMI FL 33166							SLORE TART OF STARE TALL AHASSEE, FLORIDA  1a. Principal Place of Business Address  8333 LAKE DRIVE #L206 MIAMI FL 33166				
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc				04/03/1998 FL				
City & Stat	te	City & Sta	City & State				65-0860905 Applied F				Applied For Not Applicabl
Zip	ip Country		Zip Counti			y [		Last Report		6. Certificate of Status Desire \$8.75 Additional Fee Required	
its register	ant to the provisions of Sections 608 ted office or registered agent, or both, red agent, and agreet the boligation.  THE Registers Agent	in the State of Flo s. Walkful	rida Such cha	ange was	above-named limited	IAM d liabiliti ative vo	ty company su te of a majority		. I hereby	3316 he purpo accept th	ne appointmer
10. Title	Managing Members/Managers		Business Street Address					Crty,	City, State and Zip Code		
MGR	PREMANANDAM, M		PLOT	#2,	MAITHRIV	AR	веніпр	AMEERF	ET,	нуві	ERDAD,
MGR	GR CHUTTAMURA, SUDHIR		PLOT #2, MAITHRIVA				BEHIND	AMEERP	RPET, HYBERDAD,		
	·						50		2 <b>6.1</b> 3793 188. i	(5 <b>*</b>	35 96004 ***188.
11 Idoha	oreby certify that the information suppl				exemplion stated in S a same legal effect a			londa Statutes. I	further ce	ertify that	