2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

Principal Place of Business 638 3RD AVENUE CREATER 1725 NORTH SUMMIT STREET CRESCENT CITY, FL 32112-1721 2. Principal Place of Business Sum, ASI F, etc. S	DOCUMENT # L9800000986 1. Entity Name WELAKA PHARMACY, L.L.C.						~	04-27-2005	-		
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The Application	Suite, Apt. #, etc.		Suite, Apt. #, etc.				04122005	Chg-LLC	CR2E	E083 (10/03)	
S. Certificate of Status Desired See Required Fee Required Name Name Name Street Address of New Registered Agent T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL Zip Code City Ci	City & State		City & State			_					
BUTLER, WILLIAM E 1125 NORTH SUMMIT STREET CRESCENT CITY, FL 32112 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES PLETCHER, WARREN D Deebs MANAGING STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS GITY-ST-2P MGRV GITY-ST-2P MGRV GITY-ST-2P GITY-S	Zip	Country Zip C		Count	ountry						
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature Symans, typod or printed name of registered agent and tool if produced the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida part of the p	1125 NOR		Street Address (P.O. Box N			P.O. Box Numbe	r is Not Accepta	ible)		·	
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indicated on this report is true and accurate and that my 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: