

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001073

FILED
Apr 20, 2005
Secretary of State

Entity Name: ANDRX PHARMACEUTICALS EQUIPMENT #1, LLC

Current Principal Place of Business:

4955 ORANGE DRIVE
ATTN: PAMELA RICHARDSON
DAVIE, FL 33314

New Principal Place of Business:

4955 ORANGE DRIVE
DAVIE, FL 33314

Current Mailing Address:

4955 ORANGE DRIVE
ATTN: PAMELA RICHARDSON
DAVIE, FL 33314

New Mailing Address:

8151 PETERS ROAD
ATT: NATHAN CALI
PLANTATION, FL 33324

FEI Number: 52-2159997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: MGRM () Delete
Name: ANDRX PHARMACEUTICAL, S, INC.
Address: 4955 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANDRX CORPORATION,
Address: 4955 ORANGE DRIVE
City-St-Zip: DAVIE, FL 33314

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SCOTT LODIN

EVP

04/20/2005

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