2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# L99000001073

Entity Name: ANDRX PHARMACEUTICALS EQUIPMENT #1, LLC

Current Principal Place of Business:

4955 ORANGE DRIVE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

311 BONNIE CIRCLE
ATTN: SECRETARY
CORONA, CA 92880

New Mailing Address:

FEI Number: 52-2159997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	MGRM	( ) Delete
Name:	ANDRX CORPORATION,	
Address:	4955 ORANGE DRIVE	
City-St-Zip:	DAVIE, FL 33314	
Title:	CEO	( ) Delete
Name:	CHAO, ALLEN	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	
Title:	EVP	( ) Delete
Name:	CAPPUCCINO, NICHOLAS	
Address:	2945 WEST CORPORATE LAKES BLVD., STE B	
City-St-Zip:	WESTON, FL 33331	
Title:	SVP	( ) Delete
Name:	BUCHEN, DAVID A	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	
Title:	SVP	( ) Delete
Name:	GIORDANO, THOMAS	
Address:	3040 UNIVERSAL BLVD., SUITE 150	
City-St-Zip:	WESTON, FL 33331	
Title:	SVP	( ) Delete
Name:	SKARA, SUSAN	
Address:	311 BONNIE CIRCLE	
City-St-Zip:	CORONA, CA 92880	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DP	(X) Change ( ) Addition
Name:	BISARO, PAUL M	
Address:	360 MT. KEMBLE AVENUE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:	SVP	(X) Change ( ) Addition
Name:	DURAND, MARK W	
Address:	360 MT. KEMBLE AVENUE	
City-St-Zip:	MORRISTOWN, NJ 07960	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SVP	(X) Change ( ) Addition
Name:	GIORDANO, THOMAS	
Address:	13900 NW SECOND STREET	
City-St-Zip:	SUNRISE, FL 33325	
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: DAVID A. BUCHEN SVP 04/18/2008

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