

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001073

FILED  
Jan 21, 2009  
Secretary of State

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: DP ( ) Delete  
Name: BISARO, PAUL M  
Address: 360 MT. KEMBLE AVENUE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: SVP ( ) Delete  
Name: DURAND, MARK W  
Address: 360 MT. KEMBLE AVENUE  
City-St-Zip: MORRISTOWN, NJ 07960

Title: SVP ( ) Delete  
Name: BUCHEN, DAVID A  
Address: 311 BONNIE CIRCLE  
City-St-Zip: CORONA, CA 92880

Title: SVP ( ) Delete  
Name: GIORDANO, THOMAS  
Address: 13900 NW SECOND STREET  
City-St-Zip: SUNRISE, FL 33325

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: ( ) 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:

Title: T (X) Change ( ) Addition  
Name: JOYCE, TODD  
Address: 311 BONNIE CIRCLE  
City-St-Zip: CORONA, CA 92880

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

01/21/2009

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