


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000001756 1. Entity Name LIBERTY PHARMACEUTICAL, LC	
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Principal Place of Business 761 SOUNDVIEW DRIVE PALM HARBOR, FL 34683	Mailing Address 761 SOUNDVIEW DRIVE PALM HARBOR, FL 34683
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**DO NOT WRITE IN THIS SPACE**



02172004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3560485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEES, JANET  
 761 SOUNDVIEW DRIVE  
 PALM HARBOR, FL 34683

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Janet R. Dees DATE: 2-18-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2004**

1100000079792  
 03/08/04-80082-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEES, JANET 761 SOUNDVIEW DRIVE PALM HARBOR, FL 34683
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Janet R. Dees Date: 2-18-04 Daytime Phone #: 727 733-2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE