

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L99000001914

1. Entity Name  
ECOPHARM LLCPrincipal Place of Business  
302 REGENT STREET, SUITE 401  
LONDON W1H 3BB  
UNITED KINGDOM, USMailing Address  
1220 N. MARKET STREET, SUITE 804  
WILMINGTON, DE 19801**DO NOT WRITE IN THIS SPACE**FILED  
07 MAY 23 AM 9:13

TALLAHASSEE, FLORIDA



04272007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
NOT APPLICABLEApplied For  
☒ Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

FLORIDA FILING & SEARCH SERVICES  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ADAMS, MICHAEL  
SUITE 401, 302 REGEEN STREET LONDON  
LONDON, UK w1b 3hhTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP300103902519  
06/05/07--01015--008 \*\*500.00**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

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

Date

Daytime Phone #

4/30/07 302-421-5750