

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M02000002326

1. Entity Name  
GLADES PHARMACEUTICALS, LLC



**FILED  
Apr 14, 2005 8:00 am  
Secretary of State**

04-14-2005 90025 024 \*\*\*\*50.00

Principal Place of Business  
6340 SUGARLOAF PARKWAY  
SUITE 400  
DULUTH, GA 30097

Mailing Address  
255 ALHAMBRA CIRCLE 1000  
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04042005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
58-2113139

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEY, DEVIN G  
255 ALHAMBRA CIRCLE, SUITE 1000  
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MCRM  Delete  
NAME BRUNKEN, TERESITA L  
STREET ADDRESS 6340 SUGARLOAF PARKWAY #400  
CITY-ST-ZIP DULUTH, GA 30097

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE MGRM  Delete  
NAME MURPHY, BRENDAN J  
STREET ADDRESS 500 SATELLITE BOULEVARD  
CITY-ST-ZIP SUWANEE, GA 30174

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE P  Delete  
NAME THOMPSON, JEFF  
STREET ADDRESS 6340 SUGARLOAF PARKWAY #400  
CITY-ST-ZIP DULUTH, GA 30097

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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: *Teresita Brunkent*

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

04/11/2005 (305)443-3800

Date

Daytime Phone #