

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90049 038 ****50.00

DOCUMENT # M02000002326

1. Entity Name
GLADES PHARMACEUTICALS, LLC



Principal Place of Business 6340 SUGARLOAF PARKWAY SUITE 400 DULUTH, GA 30097	Mailing Address 2205 NORTHMONT PARKWAY SUITE 100 DULUTH, GA 30096
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60043637



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 58-2113139	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		7. Name and Address of New Registered Agent	
SKOW, RICHARD L, <i>General Counsel</i> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SKOW, RICHARD L		NAME		
STREET ADDRESS	2205 NORTHMONT PARKWAY, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALKINS, DARREN C		NAME		
STREET ADDRESS	2205 NORTHMONT PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNELIUS, MICHAEL T		NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	SVP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNARD, ROBERT G		NAME		
STREET ADDRESS	2205 NORTHMONT PARKWAY, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOX-BUTLER, PATRICIA		NAME		
STREET ADDRESS	225 ALHAMBRA CIRCLE, SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Rich Skow* *Rich Skow* 4/12/07 404-386-7011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #