

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002326

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: GLADES PHARMACEUTICALS, LLC

## Current Principal Place of Business:

6340 SUGARLOAF PARKWAY  
SUITE 400  
DULUTH, GA 30097

## New Principal Place of Business:

## Current Mailing Address:

2205 NORTHMONT PARKWAY  
SUITE 100  
DULUTH, GA 30096

## New Mailing Address:

255 ALHAMBRA CIRCLE  
SUITE 1000  
CORAL GABLES, FL 33134

FEI Number: 58-2113139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKOW, RICHARD L  
255 ALHAMBRA CIRCLE, SUITE 1000  
CORAL GABLES, FL 33134 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: S ( ) Delete  
Name: SKOW, RICHARD L  
Address: 2205 NORTHMONT PARKWAY, SUITE 100  
City-St-Zip: DULUTH, GA 30096

Title: P ( ) Delete  
Name: ALKINS, DARREN C  
Address: 2205 NORTHMONT PARKWAY  
City-St-Zip: DULUTH, GA 30096

Title: VP ( ) Delete  
Name: CORNELIUS, MICHAEL T  
Address: 255 ALHAMBRA CIRCLE, SUITE 1000  
City-St-Zip: MIAMI, FL 33134

Title: AS ( ) Delete  
Name: FOX-BUTLER, PATRICIA  
Address: 225 ALHAMBRA CIRCLE, SUITE 1000  
City-St-Zip: MIAMI, FL 33134

## 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:

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: MICHAEL T. CORNELIUS

VP

04/28/2008

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