

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002326

FILED
Apr 13, 2009
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:

255 ALHAMBRA CIRCLE
SUITE 1000
CORAL GABLES, FL 33134

New Mailing Address:

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: SVP (X) Change () Addition
Name: CUNARD, BOB G
Address: 2205 NORTHMONT PARKWAY
City-St-Zip: DULUTH, GA 30096

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 CORNELIUS

VP

04/13/2009

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