2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2004
Secretary of State

DOCUMENT# M02000002880

Entity Name: BRADENTON DRUGSTORE, LLC

Current Principal Place of Business:

7500 W. CORTEZ RD
BRADENTON, FL

New Principal Place of Business:

Current Mailing Address:

15565 NORTHLAND DR., STE. 812
SOUTHFIELD, MI 48075

New Mailing Address:

422 JONATHAN DRIVE
ROCHESTER HILLS, MI 48307

FEI Number: 36-4509778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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/MEMBERS:

Title: MGR ( ) Delete
Name: WOJNO, STEPHEN A
Address: 15565 NORTHLAND DR., STE. 812
City-St-Zip: SOUTHFIELD, MI 48075

Title: MGR ( ) Delete
Name: TUPPER, LEON E II
Address: 15565 NORTHLAND DR., STE. 812
City-St-Zip: SOUTHFIELD, MI 48075

Title: MGR ( ) Delete
Name: BROWN, RONALD
Address: 15565 NORTHLAND DR., STE. 812
City-St-Zip: SOUTHFIELD, MI 48075

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEPHEN A. WOJNO MGR 07/15/2004

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