

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT# M02000003451 1. Entity Name ALTAMONTE SPRINGS DRUG STORE HOLDINGS, L.L.C.	
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Principal Place of Business 113 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701	Mailing Address 19 KINGSTON LANE MONMOUTH JUNCTION, NJ 08852
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DO NOT WRITE IN THIS SPACE



03122004 No Chg-LLC CR2E083(10/03)

4. FEI Number 22-3585996	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 date applicable (NOTE: Registered Agent signature required when re-instating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

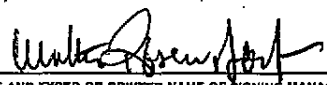
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSENSTOCK, WALTER 19 KINGSTON LANE MONMOUTH JUNCTION, NJ 08852
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/19/04
Date

Daytime Phone #