

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M02000003451**  
1. Entity Name  
ALTAMONTE SPRINGS DRUG STORE HOLDINGS, L.L.C.



Principal Place of Business  
113 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
C/O WALTER ROSENSTOCK  
182 STONE MANOR DRIVE  
SOMERSET, NJ 08873

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>22-3585996</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENSTOCK, WALTER 182 STONE MANOR DRIVE SOMERSET, NJ 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000886528  
04/18/08-80081-011 138.75

**DO NOT WRITE IN THIS SPACE**

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: Walter Rosenstock 4-12-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #