

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002764

Entity Name: NBTY MANUFACTURING, LLC

FILED  
Mar 05, 2008  
Secretary of State

## Current Principal Place of Business:

5115 E. LA PALMA AVENUE  
ANAHEIM, CA 92807

## New Principal Place of Business:

2100 SMITHTOWN AVENUE  
RONKONKOMA, NY 11779

## Current Mailing Address:

90 ORVILLE DRIVE  
BOHEMIA, NY 11716

## New Mailing Address:

2100 SMITHTOWN AVENUE  
RONKONKOMA, NY 11779

FEI Number: 11-3602075

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM ( ) Delete  
Name: KAMIL, HARVEY  
Address: 90 ORVILLE DRIVE  
City-St-Zip: BOHEMIA, NY 11716

Title: S ( ) Delete  
Name: FLAHERTY, JAMES P  
Address: 90 ORVILLE DRIVE  
City-St-Zip: BOHEMIA, NY 11716

Title: MGRM ( ) Delete  
Name: SLADE, MICHAEL C  
Address: 90 ORVILLE DRIVE  
City-St-Zip: BOHEMIA, NY 11716

Title: PRES (X) Delete  
Name: PARKHIDEH, DAN  
Address: 90 ORVILLE DRIVE  
City-St-Zip: BOHEMIA, NY 11716

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: LOONEY, JOSEPH  
Address: 2100 SMITHTOWN AVENUE  
City-St-Zip: RONKONKOMA, NY 11779 US

Title: SMGR (X) Change ( ) Addition  
Name: LINDGREN, HANS  
Address: 2100 SMITHTOWN AVENUE  
City-St-Zip: RONKONKOMA, NY 11779 US

Title: MGRM (X) Change ( ) Addition  
Name: KAMIL, HARVEY  
Address: 2100 SMITHTOWN AVENUE  
City-St-Zip: RONKONKOMA, NY 11779

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: HANS LINDGREN

MM

03/05/2008

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