

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004156

FILED
Mar 20, 2009
Secretary of State

Entity Name: ALAVEN PHARMACEUTICAL LLC

Current Principal Place of Business:

2260 NORTHWEST PKWY, STE A
MARIETTA, GA 30067

New Principal Place of Business:

200 NORTH COBB PARKWAY NORTH
MARIETTA, GA 30062

Current Mailing Address:

2260 NORTHWEST PKWY, STE A
MARIETTA, GA 30067

New Mailing Address:

200 NORTH COBB PARKWAY NORTH
MARIETTA, GA 30062

FEI Number: 06-1695349

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/MANAGERS:

Title: MGRM () Delete
Name: VENKATARAMAN, BALAJI
Address: 405 GATEHOUSE COURT
City-St-Zip: ALPHARETTA, GA 30004

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CAMPBELL, WILLIAM G
Address: 5530 SHANON VIEW
City-St-Zip: DOUGLASVILLE, GA 30135 US

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: WILLIAM G CAMPBELL

MGR

03/20/2009

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