

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004156

Entity Name: ALAVEN PHARMACEUTICAL LLC

FILED  
Mar 20, 2009  
Secretary of State

**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

**ADDITIONS/CHANGES:**

Title: ( ) Delete  
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