2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002593

1. Entity Name
INDUSTRIAL PHARMACY MANAGEMENT, LLC

Principal Place of Business	Mailing Address
4500 E. PACIFIC COAST HIGHWAY, SUITE 600 LONG BEACH, CA 90804	4500 E. PACIFIC COAST HIGHWAY, SUITE 600 LONG BEACH, CA 90804

01062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0947427
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

000000212978
02/03/05-80052-006 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DROBOT, MICHAEL D
STREET ADDRESS	4500 E. PACIFIC COAST HIGHWAY, SUITE 600
CITY-ST-ZIP	LONG BEACH, CA 90804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Brandon M. Taylor 1-6-05 562.446.2238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #