

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000001754

**FILED**  
**Mar 24, 2006**  
**Secretary of State**

**Entity Name:** RELIANCE PHARMACEUTICALS, LLC

**Current Principal Place of Business:**

110 OSCEOLA CT  
WINTER PARK, FL 32789

**New Principal Place of Business:**

3407 NW 9TH AVE  
SUITE 250  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

110 OSCEOLA CT  
WINTER PARK, FL 32789

**New Mailing Address:**

3407 NW 9TH AVE  
SUITE 250  
FORT LAUDERDALE, FL 33309

**FEI Number:** 42-1641575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

STORMES, LAWRENCE T  
110 OSCEOLA CT  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

STORMES, LAWRENCE T  
3407 NW 9TH AVE  
SUITE 250  
FORT LAUDERDALE, FL 33309 US

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: LARRY STORMES

03/24/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MOTHRA HOLDING COMPA, NY, LLC  
Address: 110 OSCEOLA CT  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOTHRA HOLDING COMPA, NY, LLC  
Address: 110 OSCEOLA CT  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the 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: MOTHRA HOLDINGS

MGRM

03/24/2006

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