2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001754

City-St-Zip:

Entity Name: RELIANCE PHARMACEUTICALS, LLC

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3407 NW 9TH AVE SUITE 250 FORT LAUDERDALE, FL 33309 **New Mailing Address: Current 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 () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STORMES, LAWRENCE T MCLUSKEY & MCDONALD, PA 3407 NW 9TH AVE 8821 SW 69TH COURT SUITE 250 MIAMI, FL 33156 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: JOHN HUGHES 01/10/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition MOTHRA HOLDING COMPA, NY, LLC Name: Name: Address: 110 OSCEOLA CT Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: Title: MGRM () Change (X) Addition () Delete Name: Name: KARSCH, SAMUEL L Address: Address: 3407 NW 9TH AVE, SUITE 250 City-St-Zip: City-St-Zip: FT. LAUDERDALE, FL 33309 Title: () Delete Title: MGRM () Change (X) Addition STORMES, LAWRENCE T Name: Name: 3407 NW 9TH AVE, SUITE 250 Address: Address: City-St-Zip: City-St-Zip: FT. LAUDERDALE, FL 33309 Title: () Delete Title: MGR () Change (X) Addition Name: Name: ASPINALL, JAMES R 4042 WINDERLAKES DRIVE Address: Address:

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.

City-St-Zip:

ORLANDO, FL 32835

SIGNATURE: SAMUEL L KARSCH MGRM 01/10/2007