

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006850

Entity Name: PRIME THERAPEUTICS LLC

FILED  
Jan 25, 2011  
Secretary of State

**Current Principal Place of Business:**

1305 CORPORATE CENTER DRIVE  
EAGAN, MN 55121

**New Principal Place of Business:**

**Current Mailing Address:**

1305 CORPORATE CENTER DRIVE  
EAGAN, MN 55121

**New Mailing Address:**

FEI Number: 26-0076803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR  
Name: ELLIOTT, ERIC J  
Address: 1305 CORPORATE CENTER DRIVE  
City-St-Zip: EAGAN, MN 55121

Title: MGR  
Name: CORBIN, ANDREW  
Address: 1305 CORPORATE CENTER DRIVE  
City-St-Zip: EAGAN, MN 55121

Title: MGR  
Name: YORDY, MATT  
Address: 1305 CORPORATE CENTER DRIVE  
City-St-Zip: EAGAN, MN 55121

Title: MGR  
Name: AMOROSI, DON  
Address: 1305 CORPORATE CENTER DRIVE  
City-St-Zip: EAGAN, MN 55121

Title: MGR  
Name: ROEHRICK, CHARLES  
Address: 1305 CORPORATE CENTER DRIVE  
City-St-Zip: EAGAN, MN 55121

Title: MGR  
Name: RODRIGUEZ, AARON  
Address: 1305 CORPORATE CENTER DRIVE  
City-St-Zip: EAGAN, MN 55121

I hereby 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: AARON RODRIQUEZ

MGR

01/25/2011

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