2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9600000092

Entity Name: RXAMERICA LLC

FILED Apr 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

221 N. CHARLES LINDBERGH DR.

SALT LAKE CITY, UT 84116 US

221 N. CHARLES LINDBERGH DRIVE
SALT LAKE CITY, UT 84116 US

Current Mailing Address: New Mailing Address:

221 NORTH CHARLES LINDBERGH DRIVE 221 N. CHARLES LINDBERGH DRIVE SALT LAKE CITY, UT 84116 US SALT LAKE CITY, UT 84116 US

FEI Number: 87-0548860 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

MANAGING MEMBERS/MANAGERS:

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

Electronic dignatare of registered rigent

ADDITIONS/CHANGES:

Title: P () Delete Title: MGRM (X) Change () Addition
Name: GARDYNIK, JOHN Name: LONG DRUG STORES, CA, LIFORNIA, INC.
Address: 221 N. CHARLES LINDBERGH DRIVE Address: 221 N. CHARLES LINDBERGH DRIVE

City-St-Zip: SALT LAKE CITY, UT 84116 City-St-Zip: SALT LAKE CITY, UT 84116

Title: V (X) Delete Title: () Change () Addition

 Name:
 ROLANDO, ROBERTA JEAN
 Name:

 Address:
 221 N. CHARLES LINDBERGH DRIVE
 Address:

 City-St-Zip:
 SALT LAKE CITY, UT 84116
 City-St-Zip:

 $\label{eq:title:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 LAPINE, JOSEPH CRAIG
 Name:

 Address:
 221 N. CHARLES LINDBERGH DR.
 Address:

 City-St-Zip:
 SALT LAKE CITY, UT 84116
 City-St-Zip:

Title: CFO (X) Delete Title: () Change () Addition

 Name:
 MUSKAT, DENIS
 Name:

 Address:
 221 N. CHARLES LINDBERGH DRIVE
 Address:

 City-St-Zip:
 SALT LAKE CITY, UT 84116
 City-St-Zip:

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: LONG DRUG STORES, CALIFORNIA, INC. MGRM 04/17/2007