

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M97000000388 1. Entity Name THE HARVARD DRUG GROUP, L.L.C.	
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Principal Place of Business 31778 ENTERPRISE DRIVE LIVONIA, MI 48150	Mailing Address 31778 ENTERPRISE DRIVE LIVONIA, MI 48150
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01262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3359612	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ALLEN, TERESA D 623 S YONGE ST ORMOND BEACH, FL 32174
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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 _____ Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000617564
02/07/07-80081-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GREAT LAKES WHOLESALE DRUGS, INC. 31778 ENTERPRISE DRIVE LIVONIA, MI 48150
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kenn D. Bort</u>	Date <u>1/26/07</u>	Daytime Phone # <u>734-743-6032</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		