FILED
Jun 24, 2008 8:00 am
Secretary of State

5/2

05-22-2008 90514 039 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M97000000688

1. Entity Name
MUNDIPHARMA LLC

Principal Place of Business	Mailing Address
8200 NW 33 ST STE 303 MIAMI, FL 33122 US	8200 NW 33 ST STE 303 MIAMI, FL 33122 US

30009891

DO NOT WRITE IN THIS SPACE

04292008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
65-0634229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	V
NAME	UDELL HOWARD R
STREET ADDRESS	ONE STAMFORD FORUM
CITY-ST-ZIP	STAMFORD, CT 06901
TITLE	V
NAME	BAKER, STUART D
STREET ADDRESS	30 ROCKEFELLER PLAZA
CITY-ST-ZIP	NEW YORK, NY 10112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] Stuart D. Baker Vice President 6-19-08 203-588-7010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #