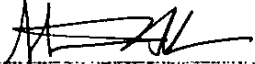


FILED
Jun 24, 2008 8:00 am
Secretary of State

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 8200 NW 33 ST STE 303 MIAMI, FL 33122 US		Mailing Address 8200 NW 33 ST STE 303 MIAMI, FL 33122 US
DO NOT WRITE IN THIS SPACE		
		04292038 No Chg-LLC CR2E083 (12/07)
4. FEI Number 65-0634229		(Apply 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		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ (Signature must be printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required when terminated)		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V UDELL HOWARD R ONE STAMFORD FORUM STAMFORD, CT 06901	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BAKER, STUART D 30 ROCKEFELLER PLAZA 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		
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 prepare this report as required by Chapter 609, Florida Statutes.		
SIGNATURE: 		Stuart D. Baker Vice President 6-19-08 203-588-7010
SIGNATURE (PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE)		DATE OFFICE PHONE #