


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90079 006 ****50.00

DOCUMENT # L03000028245

1. Entity Name
SEDANOS INSTITUTIONAL RX LLC.



Principal Place of Business
3900 NW 79TH AVENUE, SUITE 608
MIAMI, FL 33106

Mailing Address
3900 NW 79TH AVENUE, SUITE 608
MIAMI, FL 33106



2. Principal Place of Business
3900 NW 79th AVENUE
 Suite, Apt. #, etc.
SUITE 216
 City & State
MIAMI, FL

3. Mailing Address
3900 NW 79th AVENUE
 Suite, Apt. #, etc.
SUITE 216
 City & State
MIAMI, FL

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number **14-1892397** Applied For
 Not Applicable

Zip **33106** Country

Zip **33106** Country

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

6. Name and Address of Current Registered Agent
ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRO, ARMANDO J 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUERVO, LEO 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORA, JUAN 3900 NW 79TH AVENUE, SUITE 608 MIAMI, FL 33106 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERRA, ARMANDO J 3900 NW 79th AVENUE, SUITE 608 MIAMI, FL 33106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUERVO, LEO 3900 NW 79th AVENUE, SUITE 608 MIAMI, FL 33106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORA, JUAN 3900 NW 79th AVENUE, SUITE 608 MIAMI, FL 33106 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ARNANDO J. GUERRA** **JAN 13/2004**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #