

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 17, 2006  
Secretary of State**

DOCUMENT# L04000069695

Entity Name: SPECIALTY NUTRITION PRODUCTS, LLC

**Current Principal Place of Business:**

ONE SOUTH OCEAN BOULEVARD, SUITE 300  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SOUTH OCEAN BOULEVARD, SUITE 300  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANGELL CORPORATE SERVICES, INC.  
ONE NORTH CLEMATIS STREET, SUITE 400  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LORENZI, IRINA PRES  
Address: ONE SOUTH OCEAN BLVD, SUITE 300  
City-St-Zip: BOCA RATON, FL 33486 US

**ADDITIONS/CHANGES:**

Title: PRES (X) Change ( ) Addition  
Name: LORENZI, IRINA PRES  
Address: ONE SOUTH OCEAN BLVD, SUITE 300  
City-St-Zip: BOCA RATON, FL 33432 US

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: IRINA LORENZI                      PRES                      01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date