


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90101 033 ***138.75

DOCUMENT # L04000069695

1. Entity Name
SPECIALTY NUTRITION PRODUCTS, LLC



Principal Place of Business
ONE SOUTH OCEAN BOULEVARD, SUITE 300
BOCA RATON, FL 33432

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

2. Principal Place of Business - No P.O. Box #
1055 SW 11th Street

3. Mailing Address
P.O. Box 847


Suite, Apt. #, etc.

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33486 Country

Zip
33429 Country



02262008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

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

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to
Florida Department of State

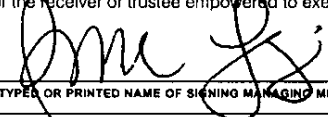
9. MANAGING MEMBERS / MANAGERS

TITLE	PRES	<input type="checkbox"/> Delete
NAME	LORENZI, IRINA PRES	
STREET ADDRESS	ONE SOUTH OCEAN BLVD, SUITE 300	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	PRES	<input type="checkbox"/> Delete
NAME	LORENZI, IRINA PRES	
STREET ADDRESS	1055 SW 11TH STREET	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	CHR	<input type="checkbox"/> Delete
NAME	BREG HORN	
STREET ADDRESS	2971 NE 27th Ave	
CITY-ST-ZIP	Lighthouse Pt. FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Date: **2/25/08** Daytime Phone #: **724-331-5314**