


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000003114	
1. Entity Name LIFEWAY HEALTH PRODUCTS, LLC	

Principal Place of Business 7292 FOURTH STREET NORTH, SUITE B ST. PETERSBURG, FL 33702	Mailing Address 7292 FOURTH STREET NORTH, SUITE B ST. PETERSBURG, FL 33702
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01032008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3830654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKSHEAR, WILLIAM M JR  
 7292 FOURTH STREET NORTH, SUITE B  
 ST. PETERSBURG, FL 33702

**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, 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**

U00000775422  
 01/08/08-80029-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLACKSHEAR, WILLIAM M JR 7292 FOURTH STREET NORTH, SUITE B ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITE, BEN 7292 FOURTH STREET NORTH, SUITE B ST. PETERSBURG, FL 33702
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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:** *William M. Blackshear, Jr.* William M. Blackshear, Jr., M.A. 1/3/08 727-896-8149  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #