

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 15, 2009  
Secretary of State**

DOCUMENT# L06000046314

Entity Name: 7 HEALERS LLC

**Current Principal Place of Business:**

2800 WILLIAMS ISLAND BLVD.  
#804  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2800 WILLIAMS ISLAND BLVD.  
#804  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 20-8015046      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

RIPSTEIN, JACQUELINE  
2800 WILLIAMS ISLAND BLVD.  
#804  
AVENTURA, FL 33160 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: MGRM ( ) Delete  
Name: RIPSTEIN, JACQUELINE  
Address: 2800 WILLIAMS ISLAND BLVD., SUITE 804  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE RIPSTEIN

MGRM

01/15/2009

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