

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106039

FILED
Jul 16, 2007
Secretary of State

Entity Name: CONSUMER HEALTH TECHNOLOGIES, LLC

Current Principal Place of Business:

C/O PRADEEP GOEL
7700 NE 8TH WAY
BOCA RATON, FL 33487

New Principal Place of Business:

C/O PRADEEP GOEL
3041 RIOMAR STREET
FORT LAUDERDALE, FL 33304

Current Mailing Address:

C/O PRADEEP GOEL
7700 NE 8TH WAY
BOCA RATON, FL 33487

New Mailing Address:

C/O PRADEEP GOEL
3041 RIOMAR STREET
FORT LAUDERDALE, FL 33304

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BSP CORPORATE SERVICES, INC.
350 EAST LAS OLAS BLVD. SUITE 1000
FT. LAUDERDALE, FL US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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: HARRY B. DAVIS

07/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: RED BRIDGE ASSOCIATE, S, LLC
Address: C/O PRADEEP GOEL, 3041 RIOMAR STREET
City-St-Zip: FORT LAUDERDALE, FL 33304

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: PRADEEP GOEL

MGRM

07/16/2007

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