2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001232

1. Entity Name

U.S. NUTRACEUTICALS, L.L.C.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED



FILED \$\frac{9}{8}\$ Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90113 049 **** 50.00

Daytime Phone #

Principal Place	e of Business		Mailing Address	Mailing Address							
2231 W. HIGHW EUSTIS FL 327.	_	3	2231 W. HIGHWAY 44, S EUSTIS FL 32726	2231 W. HIGHWAY 44. STE. 3 EUSTIS FL 32726							
							11111	1 1			10 19 (140) (160)
2. Principal Pl	lace of Busine	ess	3. Mailing Address								
2751 Nutra Lane			2751 Nutra	2751 Nutra Lane			1 (4)	Att 610 (2124 (611) gallt 251	11 46)11 80111 801	J:	1948 1981 1991
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State Eustis, FL				1. FEI Num	ber 52-216723	33		oplied For of Applicable
Zip	Zip Country		Zip	Zip Cour			0-48			5.00 Add	fitional
32726	32726 USA			32726 USA			5. Certificate of Status Desired Fee				
	6. Name	and Address of Curre	nt Registered Agent				7. Name and Address of New Registered Agent				
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LEES	SBURG FL :	34748									
									FL	Zip Cod	
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 _	Signature, typed o	or printed name of registered age	d Agent signatu	ure required whe	en reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE				
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Make Check Payable to Florida Due By May 1, 2							of State				
Due By Ma						3 					
9.		MANAGING MEM	BERS/MANAGERS	10.				ADDITIONS			
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	ertify that the	information supplied w	th this filing does not qualify t	for the exe	mption state	ed in Section	on 119 07/3	N(i), Florida Statutes	I further certi-	fy that the ir	formation
indicated (on this report	is true and accurate an	d that my signature shall hav ee ampowered to execute thi	e the same	legal effect	ct as if mad	e under oa	th: that I am a maлac	ging member	or manage	r of the