


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000012402	
1. Entity Name OPTIMAL HEALTH PRODUCTS, LLC	

Principal Place of Business 13212 WHITE CEDAR CT. ORLANDO, FL 32828	Mailing Address 13212 WHITE CEDAR CT. ORLANDO, FL 32828
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DO NOT WRITE IN THIS SPACE



01152006No Chg-LLC CR2E083 (11/05)

4. FEI Number 58-2575102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, KALPNA 13212 WHITE CEDAR CT. ORLANDO, FL 32828
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**DO NOT WRITE
IN THIS SPACE**

6. 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 _____ (NOTE: Registered Agent signature required when re-installing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KALPNA, PATEL 13212 WHITE CEDAR CT. ORLANDO, FL 32828
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02/01/06-80023-011 50.00

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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:  **Jan 19, 06 407 823 9858**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #