

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90036 049 \*\*\*\*50.00

**DOCUMENT # L01000004903**

1. Entity Name  
**LIFE LINE WELLNESS & LONGEVITY CENTER, LLC**



Principal Place of Business  
 2225 59 S.W.  
 B  
 BRADENTON, FL 34209

Mailing Address  
 PO BOX 14847  
 BRADENTON, FL 34280

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-1090214**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



**6. Name and Address of Current Registered Agent**

**PREWETT, DANIEL L**  
 5777 BENEVA ROAD SOUTH  
 SARASOTA, FL 34233

**7. Name and Address of New Registered Agent**

Name **GUSTAVO ARROJO**

Street Address (P.O. Box Number is Not Acceptable)  
**2225 59th St.W. Suite B**

City **BRADENTON** FL Zip Code **34209**

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 *Gustavo Arrojo* DATE **4/19/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARROJO, GUSTAVO B	
STREET ADDRESS	P.O. BOX 14056	
CITY-ST-ZIP	BRADENTON, FL 34280	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ARROJO, MARTA	
STREET ADDRESS	PO BOX 14847	
CITY-ST-ZIP	BRADENTON, FL 34280	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marta Arrojo* **MARTA ARROJO** DATE **4/19/04** (941) 761-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #