2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# L01000004903

Entity Name: LIFE LINE WELLNESS & LONGEVITY CENTER, LLC

Current Principal Place of Business:

2225 59 S.W.
B
BRADENTON, FL 34209

New Principal Place of Business:

2109 59 ST. WEST
BRADENTON, FL 34209

Current Mailing Address:

PO BOX 14847
BRADENTON, FL 34280

New Mailing Address:

FEI Number: 65-1090214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARROJO, GUSTAVO
2225 59 ST. WEST, STE B
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

ARROJO, GUSTAVO B
2109 59 ST. WEST
BRADENTON, FL 34209 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: GUSTAVO B. ARROJO 04/04/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ARROJO, GUSTAVO B
Address: P.O. BOX 14056
City-St-Zip: BRADENTON, FL 34280

Title: MGR ( ) Delete
Name: ARROJO, MARTA
Address: PO BOX 14847
City-St-Zip: BRADENTON, FL 34280

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ARROJO, GUSTAVO B
Address: P.O. BOX 14847
City-St-Zip: BRADENTON, FL 34280

Title: MGR (X) Change ( ) Addition
Name: ARROJO, MARTA E
Address: PO BOX 14847
City-St-Zip: BRADENTON, FL 34280

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTA E. ARROJO MGR 04/04/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date