

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009727

FILED
Feb 24, 2004
Secretary of State

Entity Name: HOMEOPATHY CENTRAL LLC

Current Principal Place of Business:

190-12 PARADISE BLVD
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

190-12 PARADISE BLVD
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECHER, WILLIAM D
190-12 PARADISE BLVD.
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RODIN, DAVID L
Address: 190-12 PARADISE BLVD
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID L. RODIN MGRM 02/24/2004

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