
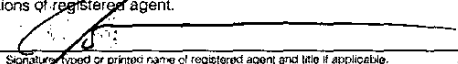
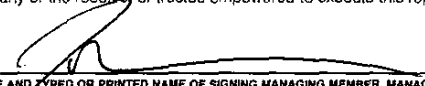


FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90008 008 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000011547			
1. Entity Name BLACK MEN'S HEALTH, LLC			
Principal Place of Business 1020 EAST LAFAYETTE ST. SUITE 206B TALLAHASSEE, FL 32301		Mailing Address 1020 EAST LAFAYETTE ST. SUITE 206B TALLAHASSEE, FL 32301	
2. Principal Place of Business 2450 Tim Gamble Place Suite, Apt. #, etc. Suite 258 City & State Tallahassee, FL Zip 32308 Country USA		3. Mailing Address 2450 Tim Gamble Place Suite, Apt. #, etc. Suite 258 City & State Tallahassee, FL Zip 32308 Country USA	
04132004 Chg-LLC CR2E083 (10/03)		4. FEI Number 01-0693620	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MIDNIGHT HOLDINGS, INC. 1020 EAST LAFAYETTE ST. SUITE 206B TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2450 Tim Gamble Place, Suite 258 City Tallahassee FL Zip Code 32308	
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  Jon D. Brown DATE 04.27.04 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MIDNIGHT HOLDINGS, INC. 1020 EAST LAFAYETTE ST. TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2450 Tim Gamble Place, Suite 258 Tallahassee, FL 32308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Jon D. Brown 04.27.04 850.671.1230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>	