## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 02, 2005 08:00 AM Secretary of State DOCUMENT # L02000011547 1. Entity Name BLACK MEN'S HEALTH, LLC Principal Place of Business Mailing Address 2450 TIM GAMBLR PLACE 2450 TIM GAMBLR PLACE **SUITE 258 SUITE 258** TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 04292005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0693620 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MIDNIGHT HOLDINGS, INC. 2450 TIM GAMBLE PLACE, SUITE 258 TALLAHASSEE, FL 32308 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MIDNIGHT HOLDINGS, INC. NAME STREET ADDRESS 2450 TIM GAMBLE PLACE, SUITE 258 U00000358515 CITY-ST-ZIP TALLAHASSEE, FL 32308 05/04/05-80118-010 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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: 🚄

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

D4.29.05

850.671.193

Daytime Phone :