


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012492 1. Entity Name FOUNTAIN OF YOUTH OF KEY WEST, LLC	
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Principal Place of Business PO BOX 2480 KEY WEST, FL 33045	Mailing Address PO BOX 2480 KEY WEST, FL 33045 US
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03042004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEL Number 03-0447764	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BROWNSTEIN, RICHARD E M.D. 20819 6TH AVE W CUDJOE KEY, FL 33042-4009

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

11000000162110
06/04/04-80001-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWNSTEIN, RICHARD E M.D. PO BOX 2480 KEY WEST, FL 33045
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IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

6.1.04