

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000020416</b> 1. Entity Name <b>NATURAL HEALTH CONSULTING, LLC</b>					
Principal Place of Business <b>239 NORTH FRANKLIN ST SEBRING FL 33870</b>			Mailing Address <b>239 NORTH FRANKLIN ST SEBRING FL 33870</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		 1st MOORE CR2E083 (10/04)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>01-0740183</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROBERTSON, JAMES O 5418 LAKEWOOD ROAD SEBRING FL 33875</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE <b>1-21-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, JAMES O 5418 LAKEWOOD ROAD SEBRING FL 33875	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTSON, MELANIE 5418 LAKEWOOD ROAD SEBRING FL 33875	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			U000000198540 01/27/05-80055-015 50.00		
SIGNATURE:			01-19-05 863/314-8482		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					