


2004
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000025392 1. Entity Name HEALTHY RESTROOMS ENTERPRISES LLC	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1415 Panther Lane <small>Suite, Apt. #, etc.</small>	3. Mailing Address <small>Suite, Apt. #, etc.</small>
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City & State Naples, Florida	City & State <small>City & State</small>		
Zip 34109	Country Collier	Zip <small>Zip</small>	Country <small>Country</small>

FILED

2004 JAN -6 PM 12:12

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

700026113697
 01/06/04--01017--019 **50.00

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4. FEI Number 52-2380882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of Current Registered Agent Name Klaus Schmitt Street Address (P.O. Box Number is Not Acceptable) 8034 Vera Cruz Way City Naples FL Zip Code 34109	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.
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SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	DATE _____
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-MGRM <i>Klaus Schmitt</i> 8034 VERA CRUZ WAY Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-MGRM <i>Simone Schmitt</i> 8034 VERA CRUZ WAY Naples, FL 34109	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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CR2E083B (12/02)