

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029208

FILED
Apr 28, 2005
Secretary of State

Entity Name: SURGICAL WEIGHT LOSS INSTITUTE, LLC

Current Principal Place of Business:

16431 SW 81 AVE
MIAMI, FL 33157

New Principal Place of Business:

3659 S. MIAMI AVE
5002
MIAMI, FL 33133

Current Mailing Address:

16431 SW 81 AVE
MIAMI, FL 33157

New Mailing Address:

3659 S. MIAMI AVE
MIAMI, FL 33133

FEI Number: 33-1052669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CRUZ-MUNOZ, NESTOR F JR.
16431 SW 81 AVE
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

DE LA CRUZ-MUNOZ, NESTOR F JR.
3659 S. MIAMI AVE
5002
MIAMI, FL 33133 US

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.

SIGNATURE: NESTOR DE LA CRUZ-MUNOZ

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: DE LA CRUZ-MUNOZ, NESTOR F JR.
Address: 16431 SW 181 AVE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DE LA CRUZ-MUNOZ, NESTOR F JR.
Address: 3659 S. MIAMI AVE SUITE 5002
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NESTOR DE LA CRUZ-MUNOZ

MGR

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date