

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034942

FILED
Mar 29, 2004
Secretary of State

Entity Name: BLUE HERON NUTRACEUTICALS, LLC

Current Principal Place of Business:

1180 WEST PINE AVE.
ST. GEORGE ISLAND, FL 32328

New Principal Place of Business:

Current Mailing Address:

1180 WEST PINE AVE.
ST. GEORGE ISLAND, FL 32328

New Mailing Address:

FEI Number: 46-0513893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBARA SANDERS, P.A.
80 MARKET ST.
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HARTLE, DIANE K
Address: 1180 WEST PINE AVE.
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: MGRM () Delete
Name: HARGROVE, JAMES L
Address: 1180 WEST PINE AVE.
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: MGRM () Delete
Name: GREENSPAN, PHILLIP
Address: 200 CEDAR CREEK DRIVE
City-St-Zip: ATHENS, GA 30605

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PHILLIP GREENSPAN

MGRM

03/29/2004

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