2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State
04-22-2004 90352 035 ****50.00

DOCUMENT # L03000002964

1. Entity Name
EUROPEAN NUTRITION CONSULTING, LLC

Principal Place of Business	Mailing Address
1450 PANTHER LANE SUITE 217 NAPLES, FL 34109	1450 PANTHER LANE SUITE 217 NAPLES, FL 34109

04142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1415 Panther Lane	1415 Panther Lane
Suite, Apt. #, etc. #417	Suite, Apt. #, etc. #417
City & State NAPLES, FL.	City & State NAPLES, FL.
Zip 34109 Country USA	Zip 34109 Country USA

4. FEI Number 33-1046480 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATE INTERNATIONAL REGISTERED AGENTS
200 SOUTH BISCAYNE BLVD, SUITE 4100
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name SYBILLE HARDEGEN
Street Address (P.O. Box Number is Not Acceptable) 1415 PANTHER Lane, #417
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.

SIGNATURE: Sybille Hardegen (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE 04/15/04

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SYBILLE HARDEGEN, MGRM ~~1415 Panther Lane, #417~~ NAPLES, FL 34109	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	no additional managers ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Sybille Hardegen (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE) Date May 20, 2004 Daytime Phone # 239-598-2681