## FILED Apr 05, 2004 8:00 am Secretary of State 03-19-2004 90271 009 \*\*\*\*50.00

## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0300001 1. Entity Name WELLNESS TREK, LLC	0368		34902829
Principal Place of Business 728 FOGGY MORN LANE BRADENTON, FL 34212	Mailing Address 728 FOGGY MORN LAN BRADENTON, FL 342		B3000
2. Chainal Place of Chase	3. Mailing Address	<del></del>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062004 Chg-LLC CR2E083 (10/03)
Çity & State	City & State		4. FEI Number Applied For Not Applicab
Žip Co-ntry	Zip	Country	5. Certificate of Status Desired Status Desired Status Desired Fee Regulred
6. Name and Address of Curre	ent Registered Agent	Name	7. Name and Address of New Registered Agent
WEBER, SUSAN F			(D.O. D. M. There Middle country)
728 FOGGY MORN LANE BRADENTON, FL 34212		Street Address	s (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
The above name prentity submits this statement the obligations of egistered agent.  SIGNATURE  Solid Most of prints family or replacements.	Deber	Programme Agent signsture requirement	stered agent, or both, in the State of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida. I am familiar with, and acception of the state of Florida.
Filing Fee is \$50.00 Due by May 1, 2004	The state of a particular state of the state	C. regarded Agent Supraw 9 1000	Make check payable to Florida Department of State
	IBERS/MANAGERS	10	ADDITIONS/CHANGES
TITLE  MAKE  SUSCIP WE'DE'  STREET ADDRESS  CITY-ST-2P  Bradenton FI	) (ane 1000 1000	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-2IP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addiblo
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Crange ☐ Addition
11. Thereby certify that the information supplied with this filling 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 ceth; that I am a managing member or manager of the limited flability company cythe receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: SIGNATURE SIGNATURE AND THE OR PRINTED NAME	JUEBU B OF SIGNING MANAGING MEMBER, MA	MAGER, OR AUTHORIZED REPRE	3-17-04 813 661 4411  ESENTATIVE Date Dayone Prone P