

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030638

FILED  
Apr 21, 2004  
Secretary of State

**Entity Name:** SIEGAL WEIGHT MANAGEMENT-PINELLAS COUNTY, L.L.C.

**Current Principal Place of Business:**

C/O SASSON MOULAVI  
190 GLADES RD, STE. E-1  
BOCA RATON, FL 33432

**New Principal Place of Business:**

10011 SEMINOLE BLVD  
SUITE C  
SEMINOLE, FL 33772

**Current Mailing Address:**

C/O SASSON MOULAVI  
190 GLADES RD, STE. E-1  
BOCA RATON, FL 33432

**New Mailing Address:**

10011 SEMINOLE BLVD  
SUITE C  
SEMINOLE, FL 33772

FEI Number: 20-0473359

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREEN, MITCHELL F  
4000 HOLLYWOOD BLVD, STE 485-SOUTH  
HOLLYWOOD, FL 33021 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: MGR ( ) Delete  
Name: MOULAVI, SASSON  
Address: 190 GLADES RD, STE E-1  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HEMANI, NANCY J  
Address: 10011 SEMINOLE BLVD, SUITE C  
City-St-Zip: SEMINOLE, FL 33772

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: NANCY J. HEMANI

MS

04/21/2004

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