

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030697

FILED  
May 13, 2008  
Secretary of State

**Entity Name:** BALANCED BEING ORIENTAL HEALTH CONCEPTS, LLC

**Current Principal Place of Business:**

1400 NE 56TH STREET  
110  
FORT LAUDERDALE, FL 33334

**New Principal Place of Business:**

1735 NE 45TH ST  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

1400 NE 56TH STREET  
110  
FORT LAUDERDALE, FL 33334

**New Mailing Address:**

1735 NE 45TH ST  
OAKLAND PARK, FL 33334

FEI Number: 56-2404843      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

DENMAN, JAMES B ESQ  
SUITE 208, COASTAL TOWER  
2400 EAST COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33308 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BAILEY, THOMAS H  
Address: 1400 NE 56TH STREET, APT 110  
City-St-Zip: FORT LAUDERDALE, FL 33334

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BAILEY, THOMAS H  
Address: 1735 NE 45TH ST  
City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS H. BAILEY JR

MNG

05/13/2008

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