

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031344

**FILED**  
**Mar 17, 2005**  
**Secretary of State**

**Entity Name:** OPTIMAL WEIGHT, L.L.C.

**Current Principal Place of Business:**

6400 W. NEWBERRY RD.,  
SUITE 206  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

925 NW 56 TERRACE  
SUITE A  
GAINESVILLE, FL 32605

**Current Mailing Address:**

5816 N.W 54TH WAY  
GAINESVILLE, FL 32653

**New Mailing Address:**

FEI Number: 57-1183340      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

GREGORY, PATRICIA  
5816 N.W 54TH WAY  
GAINESVILLE, FL 32653      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: GREGORY, FREDERICK G  
Address: 5816 NW 54TH WAY  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGR      ( ) Delete  
Name: GREGORY, PATRICIA  
Address: 5816 NW 54TH WAY  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES:**

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: PATRICIA GREGORY

MGRM

03/17/2005

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