

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000040780

1. Entity Name

METABOLIC BALANCE PRESS LLC



Principal Place of Business

**1509 WAGNER CIRCLE
WEST PALM BEACH, FL 33406**

Mailing Address

**1509 WAGNER CIRCLE
WEST PALM BEACH, FL 33406**



01242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

56-2412501

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RASMUSSEN, WILLIAM W
1509 WAGNER CIRCLE
WEST PALM BEACH, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRM
NAME RASMUSSEN, WILLIAM W
STREET ADDRESS 1509 WAGNER CIRCLE
CITY-ST-ZIP WEST PALM BEACH, FL 33406**

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**000000215172
02/04/05-80040-021 50.00**

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

William W. Rasmussen

1-24-05

561-963-2767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #