

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040780

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: METABOLIC BALANCE PRESS LLC

**Current Principal Place of Business:**

1509 WAGNER CIRCLE  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

P.O. BOX 2161  
PALM BEACH, FL 33480

**Current Mailing Address:**

1509 WAGNER CIRCLE  
WEST PALM BEACH, FL 33406

**New Mailing Address:**

P.O. BOX 2161  
PALM BEACH, FL 33480

FEI Number: 56-2412501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

RASMUSSEN, WILLIAM W  
P.O. BOX 2161  
PALM BEACH, FL 33480 US

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: WILLIAM W RASMUSSEN

04/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RASMUSSEN, WILLIAM W  
Address: 1509 WAGNER CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RASMUSSEN, WILLIAM W  
Address: P.O. BOX 2161  
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM W RASMUSSEN

MGRM

04/13/2006

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