

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052834

FILED  
Apr 24, 2004  
Secretary of State

**Entity Name:** LTC WELLNESS PRODUCTS, LLC

**Current Principal Place of Business:**

8037 OLD TOWN DR  
ORLANDO, FL 32819

**New Principal Place of Business:**

8037 OLD TOWN DR  
ORLANDO, FL 328193919

**Current Mailing Address:**

8037 OLD TOWN DR  
ORLANDO, FL 32819

**New Mailing Address:**

8037 OLD TOWN DR  
ORLANDO, FL 328193919

**FEI Number:** 81-0640328

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAPPASODI, RICHARD  
8037 OLD TOWN DR  
ORLANDO, FL 32819

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

ZAPPASODI, RICHARD A  
8037 OLD TOWN DR  
ORLANDO, FL 328193919

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: RICHARD A. ZAPPASODI

04/24/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: ZAPPASODI, RICHARD A  
Address: 8037 OLD TOWN DR  
City-St-Zip: ORLANDO, F 328193919 US

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: RICHARD A. ZAPPASODI

MGRM

04/24/2004

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