



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

02-07-2005 90281 016 ****55.00

DOCUMENT # L04000008530 1. Entity Name MRS. G E F E ' S HEALTH INSTITUTE, LLC																													
Principal Place of Business 229 SOUTH EAST 2ND. AVENUE DELRAY BEACH, FL 33444			Mailing Address 2917 SOUTH STATE ROAD 7 HOLLYWOOD, FL 33023																										
2. Principal Place of Business 1058 Hypoluxo Rd. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 8445 Suite, Apt. #, etc.																											
City & State Lantana, FL Zip 33462		City & State Delray Beach, FL Zip 33484		4. FEI Number 47-0940112																									
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent TAYLOR, ELISEE 229 SOUTH EAST 2ND. AVENUE DELRAY BEACH, FL 33444			7. Name and Address of New Registered Agent Name Moses E Phylippe Street Address (P.O. Box Number is Not Acceptable) 1058 Hypoluxo Road. City Lantana FL Zip Code 33462																										
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 Moses E Phylippe DATE 02-28-2005 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TAYLOR, ELISEE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>229 SOUTH EAST 2ND AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DELRAY BEACH, FL 33444</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	TAYLOR, ELISEE		STREET ADDRESS	229 SOUTH EAST 2ND AVENUE		CITY-ST-ZIP	DELRAY BEACH, FL 33444		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">* Administrator</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Moses E Phylippe</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1058 Hypoluxo Rd, Lantana, FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	* Administrator	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Moses E Phylippe		STREET ADDRESS	1058 Hypoluxo Rd, Lantana, FL		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete																											
NAME	TAYLOR, ELISEE																												
STREET ADDRESS	229 SOUTH EAST 2ND AVENUE																												
CITY-ST-ZIP	DELRAY BEACH, FL 33444																												
TITLE	* Administrator	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	Moses E Phylippe																												
STREET ADDRESS	1058 Hypoluxo Rd, Lantana, FL																												
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">Secretary Phylippe</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Kevin A Phylippe</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1058 Hypoluxo Rd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Lantana, FL 33462</td> <td></td> </tr> </table>			TITLE	Secretary Phylippe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Kevin A Phylippe		STREET ADDRESS	1058 Hypoluxo Rd.		CITY-ST-ZIP	Lantana, FL 33462	
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE	Secretary Phylippe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																											
NAME	Kevin A Phylippe																												
STREET ADDRESS	1058 Hypoluxo Rd.																												
CITY-ST-ZIP	Lantana, FL 33462																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																											
NAME																													
STREET ADDRESS																													
CITY-ST-ZIP																													

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: **Moses E Phylippe** DATE: **02-28-2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE