

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018220

FILED  
May 08, 2008  
Secretary of State

**Entity Name:** HEALING EARTH REJUVINATION CENTER, LLC

**Current Principal Place of Business:**

18205 BISCAYNE BLVD, STE 100  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18205 BISCAYNE BLVD, STE 100  
AVENTURA, FL 33160

**New Mailing Address:**

22354 SW 57TH AVENUE  
BOCA RATON, FL 33428

FEI Number: 61-1467484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ASTOR, SIMON  
18205 BISCAYNE BOULEVARD  
SUITE 100  
AVENTURA, FL 33160 US

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

ASTOR, MARK  
22354 SW 57TH AVENUE  
BOCA RATON, FL 33428 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: MARK G. ASTOR

05/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: ASTOR, SIMON  
Address: 100 JEFFERSON AVENUE SUITE 10017  
City-St-Zip: MIAMI BEACH, FL 33139

Title: CFO ( ) Delete  
Name: ASTOR, LIONEL  
Address: 500 SOUTHEAST 5TH AVENUE, #502  
City-St-Zip: BOCA RATON, FL 33432

Title: V ( ) Delete  
Name: ASTOR, MARK  
Address: 144 COCONUT KEY LANE  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: MARK G. ASTOR

MGR

05/08/2008

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