2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L04000035983

Entity Name: VITA BENE PARTNERS LLC

Current Principal Place of Business:

2149 NE 27TH DRIVE
WILTON MANORS, FL 33306

New Principal Place of Business:

Current Mailing Address:

2149 NE 27TH DRIVE
WILTON MANORS, FL 33306

New Mailing Address:

FEI Number: 20-1112970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMUELS, HARRY M
2901 STIRLING ROAD
#307
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	KAWADLER, JULIE	
Address:	2149 NE 27TH DRIVE	
City-St-Zip:	WILTON MANORS, FL 33306	
Title:	MGRM	( ) Delete
Name:	KORNBLUTH, JOEL	
Address:	2149 NE 27TH DRIVE	
City-St-Zip:	WILTON MANORS, FL 33306	
Title:	MGRM	( ) Delete
Name:	KOHN, KEN	
Address:	19 WINGED FOOT DRIVE	
City-St-Zip:	LIVINGSTON, NJ 07039	
Title:	MGRM	( ) Delete
Name:	HART, LINDA	
Address:	19 WINGED FOOT DRIVE	
City-St-Zip:	LIVINGSTON, NJ 07039	
Title:	MGRM	( ) Delete
Name:	SOBEL, BARRY S	
Address:	2201 LANGHAM	
City-St-Zip:	WEST BLOOMFIELD, MI 48323	
Title:	MGRM	( ) Delete
Name:	SOBEL, EILEEN	
Address:	2201 LANGHAM	
City-St-Zip:	WEST BLOOMFIELD, MI 48323	

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:	
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: JOEL KORNBLUTH MGRM 02/04/2009

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