


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L04000059910	
<b>1. Entity Name</b> PALM BEACH HEALTH PRODUCTS LLC	

<b>Principal Place of Business</b> 300 S. POINT DR., #2302 MIAMI BEACH FL 33139	<b>Mailing Address</b> 300 S. POINT DR., #2302 MIAMI BEACH FL 33139
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E083 (4/06)

<b>4. FEI Number</b> 20-1510158	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  JAEGER, WILLIAM N 300 S. POINT DR., #2302 MIAMI BEACH FL 33139	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAEGER, WILLIAM N 300 S. POINT DR., #2302 MIAMI BEACH FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000571685 07/21/06-80006-006 55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-17-06 305-793-8209